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COUNTY OF MIDLOTHIAN
AND BURGHS OF
BONNYRIGG and LASSWADE, DALKEITH,
LOANHEAD, MUSSELBURGH, PENICUIK

ANNUAL REPORT

BY
THE MEDICAL OFFICER OF HEALTH

For the Year 1965





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STAFF

MEDICAL OFFICER'S DEPARTMENT

JOINTLY WITH PEEBLES COUNTY COUNCIL AND
SMALL BURGH AUTHORITIES

Medical Officer of Health:

JOHN RIDDELL, O.B.E., M.D., D.P.H.

Depute Medical Officer of Health:

LEWIS F. HOWITT, M.B., Ch.B., D.P.H.

JOINTLY WITH PEEBLES COUNTY COUNCIL

Senior Assistant Medical Officer:

ANDREW F. HUTCHISON, M.B., B.S., D.T.M. & H., D.P.H.

Medical Officers:

JEANETTE B. MORRISON, L.R.C.P. & L.R.C.S. (Edin.), C.P.H.

MARGARET MCKENZIE, L.R.C.P. & L.R.C.S. (Edin.), C.P.H.

MAIRI H. LACK, M.B., Ch.B., D.P.H.

EILEEN REDDY, L.R.C.P. & L.R.C.S. (Edin.), D.P.H.

ELIZABETH M. WATSON, M.B., Ch.B., D.P.H.

MARY D. GARDNER, M.B., Ch.B.

BETTY EMSLIE, M.B., Ch.B.

Chief Dental Officer: ROBERT P. NEILSON, O.B.E., L.D.S.

Dental Officers:

JOHN W. SWAN, L.D.S.

R. A. HODGKINS, L.D.S.

J. B. CLARK, L.D.S.

NORMAN P. THOMSON, B.D.S.

B. W. H. MCLEAN, L.D.S.

R. W. BRAZENALL, L.D.S.

T. MACLAREN, L.D.S.

K. S. MACPHAIL, L.D.S.

F. C. ROGERS, L.D.S.

S. W. RICHARDSON, B.D.S.

H. M. MACKINTOSH, L.D.S.

County Nursing Superintendent and Supervisor of Midwives:

JEAN M. TINCH, R.G.N., S.C.M., H.V., Q.N.

Deputy County Nursing Superintendent:

*LILLIE M. SMART, R.G.N., S.C.M., H.V., Q.N.

Senior Health Visitor: ROBINA CAMPBELL, R.G.N., S.C.M., H.V., Q.N.

Senior Social Worker: NORMA H. F. CHRISTIE, A.M.I.A.

Mental Health Officer: WM. H. WALLACE, S.R.N., S.R.M.N.

Superintendent Physiotherapist: CHAS. A. MACMILLAN, M.C.S.P.

Administrative Officer: ROBERT FULTON, C.P.A.

* Resigned during Year

STAFF—*Continued*

Further Joint Staff:

Dental Auxiliary	.... 1 (incl. †2 *1)	Dental Surgery Assistants	12 (incl.*4 †3)
Physiotherapists	.... 5 (incl. †1 *1)	Milk Officers	.... 3 (incl. *1 †1)
Occupational Therapists	.... 3 (incl. *1)	Clerical	.... 16 (incl. †1)

Consultants

Orthodontic Surgeon:

W. RUSSELL LOGAN, O.B.E., L.R.C.P. & S. (Ed.), F.D.S., H.D.D.

Ophthalmic Surgeon:

G. S. DHILLON, M.B., B.A., F.R.C.S.(E.), D.L.O.

Dental Anaesthetist:

G. MACGREGOR ROSE, L.R.C.P., L.R.C.S.(E), L.D.S., D.A.

MIDLOTHIAN COUNTY COUNCIL

Senior Welfare Officer: RAYMOND F. BAKER

Musselburgh Day Nursery:

Matron—ALBINA A. MACGILLIVRAY, R.G.N., S.C.M.

Further Midlothian Staff:

Health Visitors	.... 27 (includes *3 †2)
Health Visitor—District Nursing Sister/Midwife	.... 10 (includes *4 †4)
District Nursing Sister/Midwife	.... 23 (includes *1 †6)
District Nursing Sisters (R.G.N.)	.... 3 (includes †2)
District Nursing Sisters (S.E.N.)	.... 1 (includes †1)
District Nursing Sister (Part time)	.... 2 (includes †2)
District Nursing Sister/Midwives (Part time)	.... 1 (includes †1)
Relief Nurses	.... 3
Clinic Attendants	.... 2

Consultants:

Orthopaedic Surgeon:

G. A. POLLOCK, M.B., Ch.B., F.R.C.S.(E.), M.S., F.A.C.S., D.P.H.

Geriatrician:

JAS. WILLIAMSON, M.B., Ch.B., F.R.C.P.(E.)

Chest Physicians:

GEO. J. SUMMERS, M.B., Ch.B., F.R.C.P.(E.), D.P.H.

W. A. MURRAY, O.B.E., M.D., F.R.C.P.(E.), D.P.H.

Psychiatrist:

R. BAILEY, M.B., Ch.B., F.R.C.P.(E.)

* Resigned during year.

† Appointed during year.

PREFACE

GENERAL

The year 1965 has been a year calling for great patience. In my last Annual Report I said "Many developments—among them the Dalkeith Medical Centre, Senior Training Centres at Dalkeith and Wilkieston, increased Part III Home accommodation, and appointment of full-time 'family helps' for problem families—are in train and the current year should see these blossoming into active growth and usefulness." It is with the deepest regret that one has to report that a year later, none of these developments has yet "blossomed." It is now hoped that the Medical Centre and the two Training Centres will open before the Autumn of this year. Our first new Part III Home may still be several years away.

The provision of "family helps" was tied to the development of our welfare service in the form of social workers and case conferences. Recruitment of the former has proved impossible and the latter have been most disappointing in their results.

Staffing of all sections except in respect of medical and dental officers where there were no changes, proved to be a continuous headache. As usual the nursing staff was most seriously hit and Miss Tinch makes reference to this in her comments under Nursing Establishment. The additional burden arising from the training of students—something in which we must play our part—makes matters even more hard to bear for the survivors.

Our welfare services did, however, expand to some extent, the social case work and occupational therapy and the beginning of the meals on wheels service enabling us to break new ground and the physiotherapy service being further extended.

MATERNITY SERVICES

The number of domiciliary maternity bookings fell by about one-fifth compared with 1964 and the number of early discharges from hospital for domiciliary post-natal care doubled. About one in six of the domiciliary booked cases were subsequently admitted to hospital for confinement. No fewer than 10 per cent. of the hospital booked cases were given domiciliary ante-natal care by the local general practitioner and district midwife. Closer integration of working between hospital and local authority midwifery services is essential.

CHILD WELFARE

The number of children attending the Centres and the number being given protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis continued to be very satisfactory. The "At Risk" register continued to grow. Relatively few were transferred to the confirmed handicapped register.

HEALTH EDUCATION

The education of our own staff in order that they might help others, proceeded steadily during the year. Most of the nursing staff are now taking part in the training of nurses as well as educating the public and the school children directly. This is something which we are happy to encourage as it keeps us up to date, but it does undoubtedly add to the burden of staff already heavily taxed through staff vacancies. Details of the educational work done by all sections of the staff is given throughout the Report.

SOCIAL WORK

Our Social Worker, Miss Christie, got well into her stride during 1965.

Clients have included a sizeable proportion of physically handicapped people. Medical social workers have naturally tended to refer such patients, particularly those who, ceasing to attend hospital at frequent intervals, lived too far away to obtain from the hospital's social worker the supportive help they needed. The referrals from general practitioners in the County came mostly from three practices with which there has been outstandingly good co-operation; the problems these doctors have referred have been of a nature most appropriate to a social caseworker's help.

A wide variety of social problems has been met including those of long term or advancing disability, marriage breakdown, financial strain relating to hire purchase commitments and rent arrears, housing problems, adolescents with special difficulties, unmarried and other unsupported mothers, and problems related to mental illness past and present.

The department has commenced to provide field-work placements for students in the new social work courses at Moray House. As one of those who were to be engaged in student supervision, Miss Christie met with others in a group together with the tutors at Moray House, these meetings taking place at fortnightly intervals during the autumn. The first student commenced here in January, 1966. Few placements are available with local authorities, and the facilities which we can offer to students cannot be extended until we have more trained staff. The vacancy for a second social worker, advertised at intervals throughout the year, has unfortunately remained unfilled.

HANDICAPPED PERSONS

There has been an extension of the services for handicapped persons and an increase in numbers of those using the services over the past year.

Although a number are mainly physically or mentally handicapped, some cases have multiple disabilities. Similarly, although certain therapy is of a specific nature, much group therapy must be applicable to all types of handicap at least in our present state of development.

Physiotherapy—It was decided to extend this service from being almost entirely concerned with school children to the treatment of elderly persons who had suffered from recent "strokes" (Cerebro

Vascular Accidents) or had sustained fractures. The local General Practitioners were informed of this service, and had referred 31 cases by the end of the year. Many of these cases have required walking aids, and these have been supplied by the Physiotherapists where necessary. This service has been much appreciated by both doctors and their patients.

Physiotherapists continue to visit the Part III Homes.

The work of the Physiotherapists in the Schools will be reported in the School Report, but in this report on handicapped persons mention of the handicapped swimming classes for boys on Mondays and girls on Wednesday is not out of place. These classes have been most conscientiously run by the Physiotherapists and attended from time to time by medical staff. Prizes were won by the class at a Handicapped Swimming Gala held during the year.

Occupational Therapy—The afternoon classes at Musselburgh, Eskbank and East Calder continued as before. Lack of space at Eskbank and travel difficulties at the other classes have prevented expansion.

Work has commenced on the conversion of property at Whitehill and Wilkieston to make two Senior Training Centres which, with the necessary transport, will cover the whole County.

During the year staff visited the Linburn War Blinded Institution between which and the Wilkieston Centre, it is hoped there will be a particularly close relationship.

The Therapists have continued to attend the Part III Homes and to build up the domiciliary work and have advised on the installation of Aids in a number of cases. Unfortunately we lost the services of Mr Mackie who had done excellent work in the County for many years when he transferred to a better appointment in England in October, and the vacancy unfortunately had not been filled by the end of the year.

A summer outing and Christmas Party were much appreciated.

Adaptation to Property—These have followed the pattern of previous years. Additional handrails can be of great help to handicapped persons. (Additional handrails have also been installed in Part III Accommodation). Rails can not only give physical support, but have been valuable as guides to blind persons.

Ramps and alterations to doorways are necessary in cases which are confined to wheelchairs.

Medical Loan Equipment—The issue of this equipment, particularly the larger items, such as wheelchairs has been controlled, and in several cases general practitioners have been asked to obtain long term equipment from the Vehicles Centre, Grange Loan, which is co-operating well.

Nursing equipment still falls to be supplied by the Local Authority.

Mental Defectives continue to be supervised by Medical, Mental Health and Nursing Staff, along the usual lines of Formal Guardianship or Informal Supervision. More cases are coming under Informal Supervision in accordance with the spirit of the Mental Health Acts.

Gogarburn Hospital admitted several defectives in the summer holiday months to allow relatives to have a rest and holiday. Useful as this service is, it is limited to the summer holiday months and it has not been easy to obtain temporary accommodation where a family emergency has arisen at other times of the year.

The admission of cases on a permanent basis to Mental Defective Hospitals has not eased though Waiting Lists are now under the direct administration of the Medical Superintendent of each hospital.

The Esk Valley Voluntary Association for Mental Health commenced a day care centre on Monday afternoons at Woodburn Clinic. The numbers attending have been restricted in the early stages by lack of transport, but the parents of children attending have been very glad of a respite and it is hoped that this centre will grow.

During the early part of the year, this Association decided to hold a Mental Health Exhibition which could be shown during successive weeks in Penicuik, Dalkieth and Musselburgh. The Association co-ordinated displays of work from Rosslynlee Hospital, St Joseph's Institution, Rosewell, Cockpen Occupational Centre and from our Senior Training Centres. In addition to providing stands and display materials for the exhibition, volunteers from the Welfare Section manned their particular stand during the three week-ends this most successful exhibition was open.

The *Mentally Ill* are still mainly the concern of the general practitioners and hospital services. Medical Officers, Nursing Staff and the Mental Health Officer have visited all mental hospitals and liaised with their opposite numbers, but the number of cases referred for after care by the local authority services is small. This may be partly because of the improved drug treatment in mental illness, but is disappointing to the local authority officers who feel they have something to offer in the community care of mental illness.

PART III HOMES

Matrons and Superintendents of all Homes report that residents are generally frailer over the past few years and require more attention. The need for Attendant Staff has been agreed by the Health and Welfare Committee. Night Attendants being taken on in 1964 and Day Attendants in 1965/66.

There has been some difficulty in getting sick residents transferred to hospital, particularly at Wedderburn House and it is generally recognised that there is a shortage of geriatric, chronic sick and Part III beds and that many old people may be on a borderline of suitability for Part III or hospital.

The future use of the Mutual Beds has been the subject of discussion during the year, but no final conclusion had been reached.

Limefield House was extended by four beds in the summer and opportunity was taken to admit six cases on a temporary basis to allow relatives a holiday before these beds were finally filled with permanent residents. This is a valuable service and it is hoped to be able to make similar arrangements next year.

WELFARE OF THE ELDERLY

An interesting survey was carried out during the year of the various bodies looking after the welfare of the elderly in the County. It is hoped to be able to bring these together to their mutual advantage and to develop lunch clubs wherever possible.

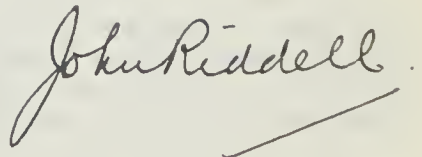
Meantime it has been possible to make a start with our Meals on Wheels scheme, these being supplied from School Meals Kitchens in association with the Women's Voluntary Service, as desired, up to five days per week, at a cost of 1/- per meal. On such a basis, supervision is essential, and the load on the voluntary workers very considerable. No such far reaching scheme has hitherto been attempted elsewhere as far as is known.

A survey of the Domestic Help Scheme was also carried out when it was noted that there was a very considerable turn-over of Helps who were given no "in-service" training but who were never the less doing a very good job of work. Again, however, it was felt that closer and more uniform assessment and supervision, particularly where elderly persons were receiving both "meals on wheels" and domestic help, might lead to some economies.

ACKNOWLEDGMENTS

In the present Report an attempt has been made to give as comprehensive a picture as possible. For this reason there are incorporated details of much work which is not the responsibility of the Health and Welfare Committee. I am, for example, indebted to Miss Sinclair, Children's Officer, for the particulars relevant to the work of the joint Children's Committee, to the Medical Superintendents of the Mental Hospitals for their statistics, Professor Cruickshanks for bacteriology, Dr Lees for venereal disease, Mrs Douglas Dawson for chiropody, Mrs Stewart for Family Planning, and to the County and Burgh Sanitary Inspectors, Heads of County Council Departments, as well as Dr Howitt and Heads of Sections in the Health and Welfare Department, for the information supplied or collated by them.

My sincere thanks are again due to the members of the Health and Welfare Committee and the County Council for their support; the officials of the County and Burghs; the innumerable voluntary workers; and finally all the members of the Health and Welfare Department Staff who have worked so enthusiastically and harmoniously throughout the year.



Medical Officer of Health

HEALTH AND WELFARE DEPARTMENT,
10 DRUMSHEUGH GARDENS,
EDINBURGH, 3.

13th April, 1966.

VITAL STATISTICS, 1965

	Midlothian	Bonnyrigg and Lasswade	Dalkeith	Loanhead	Musselburgh	Penicuik	Landward
Population, Census 1961	111,968	6,333	8,865	5,020	17,272	5,823	68,655
Population, Estimated 1965 (middle)...	119,427	6,838	9,120	5,174	17,600	6,884	73,811
Live Births (corrected)	2,444	145	191	90	314	149	1,555
Illegitimate Births (corrected)	111	8	8	7	22	4	62
Still Births (corrected)	41	4	5	1	9	2	20
All Deaths (corrected)	1,210	78	115	52	207	57	701
Deaths under 1 year (corrected)	46	2	4	3	4	1	32
Marriages Registered	783	61	83	37	134	71	397

CAUSES OF DEATH

Tuberculosis of respiratory system	2	—	—	—	—	—	2
Tuberculosis, other forms	2	—	—	—	—	—	2
Syphilis and its sequelae	—	—	—	—	—	—	—
Dysentery all forms	1	—	—	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—
Meningococcal Infections	1	—	—	—	1	—	—
Acute poliomyelitis	—	—	—	—	—	—	—
Measles	1	—	1	—	—	—	—
Other Infective and parasitic diseases	4	—	1	—	—	—	3
Malignant neoplasms of respiratory system ...	52	5	4	3	9	1	30
Malignant neoplasms of lymph and haemo. tissues	16	4	—	1	2	—	9
Other malignant neoplasms	163	12	13	8	26	10	95
Benign and unspecified neoplasms	—	—	—	—	—	—	—
Diabetes Mellitus	11	2	2	—	3	2	2
Anaemias	7	1	—	—	1	1	4
Other general diseases	14	—	—	1	2	—	11
Vascular lesions affecting central nervous sys- tem	196	16	23	5	42	8	102
Non-meningococcal meningitis	—	—	—	—	—	—	—
Other diseases of nervous system	15	1	1	—	3	—	10
Rheumatic fever	—	—	—	—	—	—	—
Chronic rheumatic heart disease	12	1	—	1	3	—	7
Arteriosclerotic heart disease including cor- onary	295	16	28	13	55	11	172
Degenerative heart disease	79	3	5	3	13	8	47
Other disease of heart	10	1	1	—	2	1	5
Hypertensive heart disease	16	1	4	—	1	—	10
Other hypertensive disease	3	—	1	—	—	1	1
Other circulatory disease	41	3	6	1	2	1	28
Influenza	3	—	—	—	1	—	2
Pneumonia	42	5	5	2	5	4	21
Bronchitis	46	2	7	2	9	3	23
Other respiratory disease	14	—	2	2	3	—	7
Ulcer of stomach and duodenum	7	1	—	—	1	—	5
Appendicitis	1	—	—	—	—	—	1
Intestinal obstruction and hernia	10	—	1	1	2	1	5
Gastritis and duodenitis diarrhoea (except of newborn)	4	—	—	1	2	—	1
Cirrhosis of liver	4	1	1	—	—	—	2
Other diseases of liver	—	—	—	—	—	—	—
Other digestive diseases	9	—	1	—	1	2	5
Nephritis and Nephrosis	5	—	1	—	—	—	4
Hyperplasia of prostate	1	—	—	1	—	—	—
Infections of Kidney	9	1	—	—	4	—	4
Other diseases of genito urinary system ...	5	—	—	—	2	—	3
Complications of pregnancy, childbirth and puerperium	2	—	—	—	—	—	2
Diseases of skin and organs of locomotion ...	4	—	—	—	1	—	3
Congenital malformations of nervous system and sense organs	5	—	1	—	2	—	2
Congenital malformations of circulatory sys- tem	7	—	1	—	—	—	6
Other congenital malformations	6	1	—	—	—	—	5
Birth injuries, post natal asphyxia and ate- lectasis	7	1	1	1	—	—	4
Infections of the newborn	—	—	—	—	—	—	—
Other diseases peculiar to early infancy ...	12	—	1	—	2	—	9
Senility	3	—	—	2	—	—	1
Cause ill-defined and unknown	1	—	—	1	—	—	—
Motor Vehicle accidents	19	—	1	1	2	1	14
Other road transport accidents	—	—	—	—	—	—	—
Accidents in the home	21	—	2	2	3	1	13
Other violence	16	—	—	—	2	—	14
Suicide	6	—	—	—	1	1	4
All causes	1,210	78	115	52	207	57	701

BIRTH AND DEATH RATES FOR THE COUNTY
(Landward and Burghal) per 1000 population

	1965	1964	Scotland*
Birth Rate (corrected)	20.5	20.6	18.9
Death Rate, all Causes (corrected)	10.1	9.6	11.9
Death Rate, Tuberculosis (corrected)	0.03	0.03	0.04
Still-birth Rate per 1000 total Births	16.0	14.0	17.0
Infantile Mortality Rate per 1000 live Births	19.0	20.0	21.0

*Excluding Large Burghs

AGES AT DEATH
Number of Deaths in the various Age Groups

Years of Age	Midlothian	Bonnyrigg and Lasswade	Dalkeith	Loanhead	Musselburgh	Penicuik	Landward
Under 4 weeks	29	1	2	1	4	—	21
4 weeks—1 yr.	17	1	2	2	—	1	11
1—4	11	1	2	—	3	—	5
5—9	7	—	—	—	2	—	5
10—14	7	—	1	—	—	—	6
15—24	10	—	—	2	—	—	8
25—34	17	—	—	1	—	1	15
35—44	34	3	1	1	7	1	21
45—54	96	7	3	2	18	3	63
55—64	224	10	21	9	31	10	143
65—74	318	23	27	14	57	14	183
75—84	325	24	39	12	63	22	165
85 and over	115	8	17	8	22	5	55
Totals	1,210	78	115	52	207	57	701

Infantile Mortality

Deaths classified according to age groups—

	Under 1 week	1 to 4 weeks	1 to 3 months	3 to 6 months	6 to 12 months	Total
Congenital Malformation	9	1	2	—	—	12
Pneumonia and Bronchitis	—	1	1	2	1	5
Respiratory Distress Syndrome	5	—	—	—	—	5
Septicaemia	—	—	—	1	—	1
Prematurity	10	—	—	—	—	10
Asphyxia	—	—	2	3	4	9
Cerebral Palsy	—	—	—	—	1	1
Cerebral or Pulm. Haemorrhage	1	1	—	—	—	2
Enteritis (non-specific)	—	—	—	1	—	1
Total	25	3	5	7	6	46

NURSING ESTABLISHMENT

AREA	District Nursing Sisters				Health Visitors	
	Staff	Duties	Cars	Headquarters	Staff	Cars
County Superintendent	.... 1	A.B.C.	1 }	Sen. Health	1	1
Deputy Superintendent	.... 1	A.B.C.	1 }	Visitor		
Addiewell: Woodmuir	.... 1	A.B.	1			
West Calder	.... 2	A.B.C.	2			
Polbeth	.... 2	A.B.C.	2			
Livingston	.... 2	A.B.C.	2			
East Calder	.... 1	A.B.	1 }	East Calder	1	1
Pumpherstons: Mid Calder	.... 1	A.B.	1 }			
Currie	.... 2	A.B.	2	Currie	3	—
Balerno	.... 1	A.B.C.	1			
Ratho: Newbridge	.... 1	A.B.C.	1	Newbridge	1	1
Penicuik	.... 2	A.B.	2 }			
	1	B.	1 }	Penicuik	2	—
Glencorse: Roslin: Bilston	.... 1	A.B.	1	Bilston	2	2
Loanhead	.... 1	A.B.	1	Loanhead	1	1
Lasswade and Bonnyrigg	.... 2	A.B.	2	Bonnyrigg	2	1
Poltonhall and Polton	.... 1	A.B.	1	Poltonhall	1	—
Rosewell	.... 1	A.B.	1	Rosewell	1	1
Dalkeith	.... 1	A.B.	1	Dalkieth	2	—
	1	A.B.C.	1			
Danderhall	.... 1	A.B.	1	Danderhall	1	1
Musselburgh: Wallyford: Whitecraig	2	A.B.C.	2 }			
	4	A.B.	2 }	Musselburgh	4	—
Easthouses	.... 2	A.B.	2	Easthouses	3	—
Newtongrange: Newbattle	.... 2	A.B.	2	N'tongrange	1	—
Gorebridge: Arniston: Gowkshill	.... 2	A.B.	2 }			
	1	A.B.C.	1 }	Gorebridge	2	—
Pathhead	.... 1	A.B.C.	1			
Stow	.... 1	A.B.C.	1			
Relief Nurses	.... 3	A.B.C.	3			
			45	43	28	9

A.—Midwifery B.—General Nursing C.—Health Visiting

At the end of the year the establishment was short by one Depute Nursing Superintendent, one Health Visitor, three District Nurse/Midwife/Health Visitors and one District Nurse/Midwife. Further full-time shortages were covered by the employment of seven part-time staff.

Shortage of staff has been offset by the willingness of part-time members to work additional hours to meet the needs of patients, but vacancies have meant a reduction of service in the areas affected, particularly when the shortage has been of health visitors.

Increasing population and birth rate, decreasing death rate all contribute to a greater need of nursing services, particularly in the nurse's role as a teacher of healthy living to people of all ages.

The concept of public health nurses working in groups rather than as individuals is growing with a consequent improvement in team spirit among members of staff. The introduction of a five-day week whenever possible has been welcomed by the majority and increases the need for group work.

Further appointments of nurses as opposed to nurse/mid wife have been made in both full-time and part-time staff. As a result although fewer midwives are employed, there is no lack of midwives to attend mothers and babies at all stages. In the areas where this has been tried, there has been an increase of both patients attended and visits paid by nurses, which would seem to indicate that nursing needs of the people of the area are more fully met. There is continuing evidence that not all patients who would benefit from nursing help and guidance are receiving it and in a number of cases referral is only made by the family doctor when the situation is on the point of breakdown. Earlier referral could ease the burden on the family as well as the suffering and disablement of the patient in some cases. It would also enable the nurse to use her skills in the rewarding work of helping to promote the highest possible level of recovery. In this connection, the expansion of the physiotherapy service to include rehabilitation of adults is welcomed. District nurses look forward to increasing co-operation with their colleagues in this field. The closer integration of welfare and health services should bring about a fuller awareness of the unmet needs of the community, some of which, in part or whole may be met by the skills of public health nursing staff. The role of assistants, voluntary and employed is worthy of consideration. There has been some expansion of voluntary service in nursing by V.A.D.'s of Red Cross Detachments, allied to experience of nursing supervised by district nurses. There is also a considerable amount of voluntary assistance available which can ease the burden of a family coping with illness or a disabled person. This willing service is greatly appreciated by nurses as well as by the families who have learned that the spirit of voluntary service flourishes in the County.

While the role of the nurse in hospital largely involves the care of the sick, the role of the public health nurse is to a far greater extent that of prevention of illness and maintenance of, or striving towards the highest possible level of health, not only by individuals but of families and communities. Health education is a recognised part of the health visitor's work but all nurses and midwives employed by the Local Health Authority work as teachers of healthy living. During the year 562 group teaching sessions were undertaken by members of nursing staff to 6510 persons. Excluding parentcraft sessions given by midwives and health visitors working as a team, and also talks to school children given by health visitors in the course of their work in schools, the following table shows that group teaching is neither confined to set working times nor to one category of staff.

Category of staff	Total No. of sessions	No. of evening sessions
Nurses/Midwives	37	21
DN/M/HV's	29	21
Health visitors	30	29

Throughout the year all members of nursing staff have taken an active part in training of students. It seems only right that those who have chosen public health nursing should contribute to the training

of nurses. It is hoped that by working with field staff the students when they come to work in hospital will have a greater appreciation of the background of patients and as a result, a greater understanding and sympathy with their patients. Discussions with student nurses and pupil midwives after their period on district seems to indicate that they do. Certainly they enjoy their period of work outwith hospital and the learning is not only on the part of the students. Patients welcome the students and feel that they too are contributing to the training programme. Postgraduate students from home and overseas have also been welcome visitors, and here again members of staff also gain much from their visitors. Teaching is a stimulating experience.

Four Fieldwork Instructors are involved with the training of student health visitors.

Eight midwives are approved teachers, undertaking teaching of domiciliary midwifery to pupil midwives.

VISITORS AND STUDENTS

	No.	C.N.S.	DN/M/HV	DN/M	D.N.	H.V.
Undergraduate Students	1	—	—	—	—	1
Student Nurses	62	—	—	60	2	62
Pupil Nurses	12	—	—	8	4	12
Pupil Midwives	19	—	4	15	—	—
Student Health Visitors	9	—	—	—	—	9
Student Health Visitors with Field Work Instructors	6	—	—	—	—	6
Nursing Studies Dept., Edin- burgh University	14	14	7	6	—	6
Diploma Medical Services Administration	7	—	7	—	—	—
Royal College of Nursing	4	4	1	1	—	4
Scottish Home and Health Department	2	2	2	1	—	3
World Health Organisation Fellows	2	—	2	—	—	—

Public Health lectures to pupil midwives training at the Eastern General Hospital are given by members of the Health and Welfare Department. The County Nursing Superintendent welcomes the opportunity to take classes with the following groups of students: district nurse students, student nurses (Western General Hospital), pupil nurses (Southfield Hospital), pupil midwives. These sessions are planned with the tutors and allied to public health experience as part of the training syllabus.

Since nurses must keep up with current views and knowledge in order that they may give of their best to the community and to students, refresher courses and time for study are essential. As well as the arrangement of special study sessions when necessary, it is policy to take advantage of courses and study sessions available through other bodies, according to the needs of individuals and the services given. While the County Council is generous in allowing opportunity and time for study it is felt that more members of staff could take advantage of their membership of professional organisations by attending the lectures and study days arranged. It is only

a small proportion of staff that takes full advantage of this although most do retain membership even if they do not participate as active members.

Teamwork among nurses has been mentioned, also co-operation with other members of Local Authority staff but it is also essential that this concept extends to colleagues in other spheres. There is particular need for closer working with staffs of hospitals and family doctors. Much is said and written of 'liaison officers' and 'attachments' but in the final analysis, co-operation depends on each individual. There are indications that the gulfs are being crossed. During the year there has been an increasing occurrence of planned meetings with groups of general medical practitioners and more frequent individual contacts between hospital and local authority nurses and midwives: steps in the right direction but there is room for further advance.

HOME NURSING

							Number of	
							Cases	Visits
All Cases	....	....	....	....	....	....	1,876	49,836
Under 5 years of age							98	661
65 years and over	....	....	....	....	....	....	1,043	33,931

MARIE CURIE MEMORIAL FOUNDATION DAY AND NIGHT NURSING SERVICE

A service whereby nursing assistance can be made available to patients with cancer being nursed in their own homes, has been started, the County Council acting on behalf of the Marie Curie Memorial Foundation.

Four categories of staff are employed for this service:

- "A" Registered Nurses.
- "B" Enrolled Nurses.
- "C" Persons with Home Nursing experience.
- "D" Nursing assistants with no training.

Since its inception it has been possible to supply help to every case for which it was requested.

Number on staff, 19. Number of cases attended, 13.

Category of Nurse attending Cases:

			Cases
"A" + "C"	....	....	1
"C" + "D"	....	....	2
"C"	....	....	10

In some cases more than one member of staff was in attendance.

During the year it has been necessary to restrict services to meet the policy of the Foundation. Because of the expense incurred by meeting the full needs of patients, it is now only possible to give help in 'emergency.' Each case is reviewed by the Welfare Committee of the Foundation when time reaches two weeks or expenditure amounts to £70. This policy in effect means that help is arranged with caution as experience has shown that patients frequently require help for a longer period than is at first anticipated and that it is hard for relatives to have help curtailed when the patient's condition deteriorates.

Every effort has been made to arrange other forms of help, e.g. through Home Help Service, Voluntary Workers and the District Nursing Sister.

FAMILY PLANNING

The facilities of Woodburn Clinic are granted for one afternoon per week to a branch of the Edinburgh Mothers' Welfare Clinic. It will be seen from the following figures that this service is being fully appreciated.

Dalkeith Mothers' Welfare Clinic

Source of referral		Age at 1st Visit		Children Alive at 1st Visit	
Hospital	3	Under 20 yrs.	7	None	1
Family doctor	55	20-24 yrs.	30	One	13
Local Authority		25-29 yrs.	29	Two	29
doctor or nurse	13	30-34 yrs.	13	Three	20
Clinic patient or friend	29	35 yrs. and over	21	Four	13
Other	—			Five or more	24
	100		100		100

No. of Sessions 51 No. of Cytological smears 191

CARE OF MOTHERS AND CHILDREN

Ante-Natal and Post-Natal Clinics

	Addiewell	Bilston	Bonnyrigg	Dalkeith	Danderhall	Easthouses (Langlaw)	Easthouses (Mayfield)	East Calder	Loanhead	Musselburgh	Newtongrange	Penicuik	Polbeth	Pumpherston	West Calder	Total
<i>Sessions</i>																
Held by G.P.	48	26	—	46	23	24	—	19	25	40	—	105	52	21	50	479
Held by Midwife alone	—	26	52	5	18	27	48	2	27	10	51	5	—	10	—	281
<i>Ante-natal</i>																
1. Women attending	42	19	59	33	25	61	23	39	32	29	20	154	68	28	43	675
2. New cases in (1) above	31	16	55	33	21	52	21	39	24	28	18	147	65	27	41	618
3. Cases in (1) booked for hospital or private maternity home	23	—	7	—	8	10	2	13	9	—	2	72	54	12	—	212
<i>Post-natal</i>																
1. Women attending	29	7	—	16	16	23	—	14	30	—	—	76	40	14	26	291
2. New cases in (1) above	28	7	—	16	16	22	—	14	30	—	—	75	40	14	26	288
3. Cases in (1) confined in hospital or private maternity home	22	—	—	—	—	—	—	—	—	—	—	—	24	—	14	60

54 Expectant Mothers made a total of 308 attendances at Relaxation Classes given by the Physiotherapist at Currie Clinic.

Expectant Mothers

There has been no change in the policy whereby dental inspection and treatment facilities are only available to mothers who commence a course of treatment during pregnancy, although in the majority of cases treatment is continued and completed post-natally but, even so, all cases are classified "ante-natal" and are only recorded throughout as one case.

This system of restricting treatment only to expectant mothers creates no hardship whatsoever because complete treatment facilities, including provision of dentures for both expectant and nursing mothers, are freely available in the General Dental Service. It is rather surprising therefore, that there was only a decrease amounting to seven in the number of expectant mothers who appeared at the County Clinics for dental inspection by comparison with the previous year.

Throughout the year 183 expectant mothers sought dental inspection 176 (96.2%) were offered treatment and by the end of the year 174 (98.9%) had made 846 clinic attendances for treatment, and 124 had been made dentally fit. Completion of treatment for the remainder was carried forward into 1966.

Details of the work are set out below:

Inspection

Centre	New Cases Examined	With Dental Defects	New Cases offered Treatment
Bonnyrigg	13	13	13
Currie	8	7	7
Danderhall	4	4	4
East Calder	11	11	11
Easthouses—			
Bryans	8	8	8
Langlaw	12	12	12
Mayfield	10	10	10
Fisherrow	1	1	1
Gorebridge	14	13	11
Loanhead	7	7	7
Newtongrange	21	21	21
Penicuik—			
Bellman's Road	12	12	12
Eastfield	8	8	8
Pinkie	2	2	2
Polbeth	12	12	12
Wallyforg	14	14	14
Woodburn	26	23	23
Total	183	178	176

Treatment

Number of First Visits—Ante-natal	174
Number of Attendances	846
Fillings	348
Extractions	488
General Anaesthetics	23
Other Operations	430
Dentures—	
Fitted	95
Repaired	16
*Number of Sessions devoted to Inspection and Treatment	730

*This figure includes the time devoted to all pre-school work because both mothers and pre-school children are, for reasons of economy, intermixed when undergoing treatment at Maternity and Child Welfare Dental Clinics.

Domiciliary Maternity Cases

Total Bookings	Number of domiciliary confinements attended by midwives under N.H.S. arrangements			
	Doctor not booked	Doctor booked		Total
		Present	Not Present	
591	5	222	223	450

Number of hospital (including private maternity home) booked cases where ante-natal care was carried out by domiciliary midwives	Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives
205	147

Note.—This table relates to women delivered, and not, in the case of multiple births, to infants.

	1965	1964
A—Domiciliary ante-natal care—Confinement	450	588
Abortion	2	3
Miscarriage	7	3
B—Domiciliary ante-natal care—hospital confinement (emergency)	106	78
C—Domiciliary ante-natal care—case originally booked for home confinement—booking later transferred to hospital	26	67
D—Domiciliary ante-natal care—case booked for confinement in hospital	205	200
E—Domiciliary post-natal care—case booked for confinement in hospital	65	75
B as a percentage of A+B+C	18	11
C as a percentage of A+B+C	4	9
Percentage of domiciliary confinements conducted by midwife alone	50	50
Number of anaesthetists called in	1	1
Number of consultants called in	3	5
Number of maternity outfits issued	449	586

Reasons for transfer to hospital care:

	Emergency Admissions	Transfer to Ante-natal Care
Domestic Reasons	1	3
Abortion or Miscarriage	6	—
Premature labour	8	—
Malpresentation	14	2
Rhesus-ve	2	4
Haemorrhage (ante-partum)	12	1
Delayed labour	18	—
Toxaemia	13	3
Placenta praevia	1	1
Post maturity	17	—
Obstetric history	1	—
Haematemesis	1	—
Multiple pregnancy	1	2
General medical condition	7	10
Hydramnios	3	—
Dysentery	1	—
	<u>106</u>	<u>26</u>

Period under Ante-natal Supervision

Type of Case	Period under Ante-natal Supervision in Weeks (L.A. Cases)									Total
	0	1-4	5-8	9-12	13-16	17-20	21-24	25-28	29-32	
<i>Domiciliary ante-natal care—</i>										
Confinement ...	3	14	27	48	58	75	75	90	60	450
Hospital confinement (emergency)* ...	2	6	2	13	17	26	17	16	7	106
Originally booked for home confinement. Booking later transferred to hospital ...	1	1	5	7	5	3	2	2	—	26
Hospital confinement booked	—	11	10	25	31	41	31	28	28	205

*Not booked for Hospital confinement

Rhesus, etc., Tests carried out during this Pregnancy or Earlier Pregnancy

Domiciliary Ante-natal Cases—Year 1965

	Confined at Home	Booking Transferred to Hospital	Hospital Confinement—Emergency	Hospital Confinement—Booked	Total
Rhesus Tested ...	89(16)	1(—)	23(6)	25(7)	138
Rhesus Tested and also Haemoglobin Tested ...	273(54)	14(6)	53(9)	108(22)	448
Rhesus Tested and also W. R. or K. ...	—	—	—	—	—
Haemoglobin Tested only ...	13	1	2	15	31
Haemoglobin Tested and also W. R. or K. ...	—	—	—	—	—
W. R. or K. ...	—	—	—	—	—
	<u>375</u>	<u>16</u>	<u>78</u>	<u>148</u>	<u>617</u>
No Record of Testing ...	75	10	28	57	170
	<u>450</u>	<u>26</u>	<u>106</u>	<u>205</u>	<u>787</u>

Numbers in brackets are cases Rhesus negative or W. R. or K. positive

Details of analgesia, etc., administered in domiciliary cases during the year

							Doctor not Present	Doctor Present
By Midwife—								
Trilene	....	....	....	....	....	....	53	49
Gas and air	....	....	....	....	....	....	5	2
Trilene and pethedine	....	....	....	....	....	....	101	122
Gas, air and pethedine	....	....	....	....	....	....	17	10
Pethedine	....	....	....	....	....	....	16	25
Gas, air and trilene	....	....	....	....	....	....	—	1
							192	209
Anaesthetic given by doctor	....	....	....	....	....	....	—	1
Refused	....	....	....	....	....	....	7	1
Too late	....	....	....	....	....	....	19	7
Not necessary	....	....	....	....	....	....	9	5
							227	223

Total Local Authority domiciliary confinements—450

In the case of unmarried mothers, help is given by the Local Health Authority in approved cases to meet the cost of residence in certain nursing homes.

Births

Number of births in the authority's area during the year corrected for mother's residence.

				Adjusted Live Births	Adjusted Still Births	Adjusted Total Births
a) domiciliary	....	....	....	450	2	452
(b) hospital (including private maternity homes)*	....	....	....	1924	34	1958
Total	....	....	....	2374	36	2410

*(There were 305 births in Musselburgh Maternity Hospital of which 100 came from outwith Midlothian.)

Premature Births

Number of premature births, *i.e.*, where birth weight is 5 lb. 8 oz. or less (as adjusted by any notification of transfer in or out of the area).

Weight at Birth	Premature live births												Premature still births		
	Born in Hospital				Born at home or in a private maternity home										
					Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
	Total Births	Died			Total Births	Died			Total Births	Died			Born		
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home	In private maternity home
2 lb. 3 oz. or less	5	3	1	—	—	—	—	—	—	—	—	—	2	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	4	—	—	—	—	—	—	—	—	—	—	—	9	—	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	22	2	—	—	1	—	—	—	1	1	—	—	3	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	27	1	—	—	4	—	1	—	—	—	—	—	3	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	53	1	—	—	10	—	—	—	—	—	—	—	1	1	—
Not weighed	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—
Total	111	7	1	—	15	—	1	—	3	3	—	—	18	1	—

Child Welfare Clinics

(A) The following Clinics were provided by the Local Authority.

1. Addiewell—Health Services Clinic, Meadowhead Place, alternate Wednesdays, 2 p.m. to 4 p.m.
2. Balerno—Balerno School, alternate Fridays, 2 p.m. to 4 p.m.
3. Bilston—Combined Purposes Clinic, Primary School, every Thursday, 2 p.m. to 4 p.m.
4. Bonnyrigg—Health Services Clinic, every Friday, 9.30 a.m. to 12 noon, and alternate Fridays, 2 p.m. to 4 p.m.
5. Currie—Currie Secondary School, alternate Thursdays, 9.30 a.m. to 12 noon.
6. Currie—Combined Purposes Clinic, Nether Currie Primary School, every Tuesday, 2 p.m. to 4 p.m. and alternate Tuesdays, 9.30 a.m. to 12 noon.
7. Dalkeith—Combined Purposes Clinic, Croft Street, every Friday, 2 p.m. to 4 p.m.
8. Dalkeith—Health Services Clinic, Woodburn Road, every Thursday, 2 p.m. to 4 p.m. and alternate Thursdays, 11 a.m. to 12 noon.
9. Danderhall—Combined Purposes Clinic, Danderhall School, every Wednesday, 2 p.m. to 4 p.m.
10. East Calder—Combined Purposes Clinic, Main Street, alternate Wednesdays, 9.30 a.m. to 12 noon.

11. Easthouses—Combined Purposes Clinic, Langlaw School, every Friday, 9.30 a.m. to 12 noon.
12. Easthouses—Combined Purposes Clinic, Bryans School, every Wednesday, 9.30 a.m. to 12 noon.
13. Easthouses—Combined Purposes Clinic, Mayfield/St Luke's Primary Schools, every Thursday, 2 p.m. to 4 p.m.
14. Gorebridge—Combined Purposes Clinic, Gorebridge School, every Friday, 2 p.m. to 4 p.m.
15. Kirknewton—Kirknewton Primary School, every fourth Friday, 2 p.m. to 4 p.m.
16. Loanhead—Health Services Clinic, George Terrace, every Tuesday, 2 p.m. to 4 p.m. and every fourth Tuesday, 9.30 a.m. to 12 noon.
17. Musselburgh—Health Services Clinic, Cameron Cottage, Millhill, every Friday, 2 p.m. to 4 p.m.
18. Musselburgh—Combined Purposes Clinic, Fisherrow, every Thursday, 2 p.m. to 4 p.m. and alternate Wednesdays, 2 p.m. to 4 p.m.
19. Musselburgh—Combined Purposes Clinic, Pinkie/St Peter's School, every Thursday, 2 p.m. to 4 p.m.
20. Newbridge—Newbridge Primary School, every fourth Tuesday, 2 p.m. to 4 p.m.
21. Newtongrange—Combined Purposes Clinic, Newtongrange J.S. School, every Wednesday, 2 p.m. to 4 p.m.
22. Penicuik—Combined Purposes Clinic, Penicuik Sec. School, every Wednesday, 2 p.m. to 4 p.m.
23. Penicuik—Combined Purposes Clinic, Eastfield School, every Tuesday, 9.30 a.m. to 12 noon.
24. Pumpherston—Combined Purposes Clinic, Pumpherston School, alternate Fridays, 9.30 a.m. to 12 noon.
25. Ratho—Combined Purposes Clinic, Ratho School, alternate Thursdays, 2 p.m. to 4 p.m.
26. Rosewell—Combined Purposes Clinic, Rosewell Primary School, alternate Thursdays, 9.30 a.m. to 12 noon.
27. Roslin—Combined Purposes Clinic, Roslin School, alternate Tuesdays, 2 p.m. to 4 p.m.
28. Wallyford—Combined Purposes Clinic, Wallyford School, every Tuesday, 2 p.m. to 4 p.m.
29. West Calder—Combined Purposes Clinic, Stewart Street, every Wednesday, 2 p.m. to 4 p.m.
30. West Calder—Health Services Clinic, Polbeth Road, Polbeth, every Wednesday, 9.30 a.m. to 12 noon.
31. Whitecraig—Combined Purposes Clinic, Whitecraig School, alternate Fridays, 2 p.m. to 4 p.m.

We are very much indebted to all the Voluntary Helpers who assist at these Clinics.

(B) No Clinics were provided by Voluntary Bodies.

(C) While many of our clinics are used by General Practitioners in association with the district midwives for ante-natal and post-natal purposes, the premises at Addiewell, Bilston, Dalkeith (Woodburn), Danderhall, East Calder, Polbeth, Ratho and West Calder are also used by General Practitioners as ordinary surgeries. This is a most helpful association.

CHILD WELFARE CLINICS—1965

Average number in attendance per clinic		15	Attendances—																				Totals and Averages.											
		15	Born	Bilston.	Bonnyridge.	Currie (Sec. School).	Currie (Prim. School).	Dalkeith (Croft Street).	Dalkeith (Woodburn).	Danderhall.	East Calder.	Easthouses (Bryans).	Easthouses (Langlaw).	Easthouses (Mayfield).	Gorebridge.	Kirknewton.	Loanhead.	Musselburgh (Cameron Cottage).	Musselburgh (Fisherrow).	Musselburgh (Fisherrow—2).	Musselburgh (Pinkie).	Newbridge.	Newtongrange.	Penicuik (Bellman's Road).	Penicuik (Eastfield).	Pumphreston.	Ratho.	Rosewell.	Roslin.	Wallyford.	West Calder.	West Calder (Polbeth).	Whitcraig.	
Born 1965—1st Visits ...		36	9	60	168	40	124	70	85	56	63	36	43	56	109	11	83	74	71	29	75	28	83	113	100	20	25	40	22	59	34	52	22	1,896
1964—1st Visits ...		31	19	67	157	13	142	90	98	81	41	52	30	65	113	22	11	57	105	29	58	30	70	47	83	27	33	42	24	75	31	60	37	1,840
1963—1st Visits ...		10	7	21	63	41	97	42	36	47	16	30	28	36	59	1	6	27	24	11	29	3	35	33	5	9	14	22	6	27	17	15	6	823
1962—1st Visits ...		4	5	3	33	11	40	23	22	18	5	21	15	13	38	2	1	9	10	2	11	4	32	7	2	—	3	12	2	8	3	11	2	372
1961—1st Visits ...		2	3	1	37	5	29	5	7	10	1	22	6	32	23	—	—	4	1	—	9	1	19	3	1	4	4	8	1	4	4	5	4	255
1960—1st Visits ...		—	1	3	4	4	10	17	3	10	—	13	4	11	11	—	—	2	3	3	2	—	13	—	1	—	—	4	—	3	2	2	—	126
Total 1st Visits ...		83	44	155	462	114	442	247	251	222	126	174	126	213	353	36	101	173	214	74	184	66	252	203	192	60	79	128	55	176	91	145	71	5,312
Born 1965—Revisits ...		108	53	426	877	187	893	301	408	356	222	229	186	338	469	30	569	466	659	117	425	89	458	631	485	78	119	196	161	358	163	318	112	10,487
1964—Revisits ...		158	47	443	757	179	742	372	388	435	300	274	174	281	593	100	712	442	515	86	268	127	394	542	565	118	130	201	143	462	160	379	166	10,653
1963—Revisits ...		20	9	22	105	23	149	31	48	63	70	61	66	80	125	1	87	57	21	8	29	6	101	58	32	11	20	68	25	49	28	39	9	1,521
1962—Revisits ...		15	4	13	61	14	40	12	11	18	23	41	31	53	54	4	23	22	11	3	13	8	87	22	14	7	6	23	9	14	4	28	7	695
1961—Revisits ...		4	—	3	37	8	39	6	5	15	5	17	13	74	49	2	6	11	—	1	9	3	55	8	7	2	6	5	2	14	1	9	3	419
1960—Revisits ...		3	2	1	9	6	5	17	9	8	1	8	4	19	29	1	5	12	—	1	2	—	21	5	2	2	1	9	—	1	2	—	3	187
Total Revisits ...		308	115	908	1,846	417	1,868	739	869	895	621	630	474	845	1,319	138	1,402	1,010	1,206	215	746	233	1,116	1,206	1,105	218	232	502	340	898	358	773	300	23,962
Toddlers—Aged 1½ yrs....		10	—	—	4	1	—	—	26	35	1	9	7	2	9	13	8	4	16	2	—	14	—	—	1	20	21	—	3	—	12	—	3	221
2½ yrs....		—	—	—	4	—	—	—	2	4	—	38	25	22	1	19	—	2	—	14	16	—	14	—	—	32	17	2	18	—	6	—	1	225
3½ yrs....		—	—	—	—	—	—	—	—	1	—	10	7	6	1	8	—	1	3	—	20	6	—	1	22	20	2	6	—	4	—	—	—	121
4½ yrs....		1	—	—	3	—	—	—	—	2	—	16	7	13	1	18	—	2	1	—	16	8	—	1	28	27	3	13	—	3	—	3	—	166
Total Toddlers ...		11	—	—	14	1	—	—	28	42	1	73	46	43	12	58	8	9	22	2	—	64	30	—	3	102	85	7	40	—	25	—	7	733

Vaccinations and Immunisations completed—

Polio—Primary ...	...	50	21	54	169	39	121	59	78	70	46	23	15	33	78	23	101	56	55	10	44	25	46	59	67	23	31	44	25	73	54	54	33	1,679
1st Booster	...	—	4	—	3	1	11	—	—	1	1	2	1	1	—	—	1	1	—	—	—	5	2	—	—	1	—	—	—	—	2	1	—	38
2nd Booster	...	—	—	1	—	—	—	—	—	—	—	—	—	—	4	—	1	—	—	3	—	8	—	—	—	—	3	—	1	—	—	—	21	
Triple Immun.—Primary	...	45	21	50	158	30	115	44	66	45	50	20	13	32	72	15	96	63	56	16	49	19	32	75	72	23	28	48	31	55	42	62	27	1,570
1st Booster	...	8	10	21	81	17	109	6	55	28	3	20	9	18	10	25	18	19	18	11	10	28	28	39	23	42	37	15	19	17	15	7	4	770
2nd Booster	...	8	1	20	9	5	11	13	6	—	1	2	2	1	2	16	4	—	2	—	—	23	—	2	1	26	20	1	14	—	3	1	3	197
Tet.—Primary ...	...	1	—	—	6	—	1	—	1	2	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	4	—	22	
1st Booster	...	—	—	—	11	—	—	—	—	4	2	1	1	—	—	—	—	—	—	—	3	2	—	1	—	—	—	—	—	5	—	3	—	33
2nd Booster	...	—	—	—	21	—	—	—	1	5	—	12	3	5	1	1	—	5	—	8	—	10	—	—	—	—	—	—	—	4	—	1	—	77
Tuberculosis—Skin Tests	...	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	—	2	—	—	—	1	—	—	3	1	—	—	—	1	—	—	12	
B.C.G. Vaccn.	...	7	—	3	4	—	11	5	2	—	6	2	—	—	—	1	3	4	2	3	—	4	—	—	6	9	—	—	1	—	—	—	73	
Smallpox	...	30	31	56	100	40	166	35	53	71	47	16	13	25	40	23	89	49	36	19	40	27	47	54	52	11	24	13	23	52	26	60	15	1,383

Children referred to own doctor or for specialist treatment or advice—

Born 1965</
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Sessions held by—

L.A.M.O.	25	20	26	76	26	78	26	52	26	26	26	25	25	51	14	37	24	26	13	24	25	26	26	24	26	26	25	24	26	25	25	952	
H.V. only	1	—	26	—	—	—	—	26	26	11	26	26	26	—	—	26	25	25	10	23	—	25	24	26	—	—	—	1	27	—	27	—	407

In addition to the normal Child Welfare sessions, others for toddlers only were held at most centres to relieve congestion. Details are given in the following table.

SPECIAL TODDLERS CLINICS—1965

	Adairwell.	Balerno.	Bilston.	Bonnyrigg.	Currie (Sec. School).	Currie (Prim. School).	Dalkeith (Croft Street).	Dalkeith (Woodburn).	Danderhall.	East Calder.	Easthouses (Bryans).	Easthouses (Langlaw).	Easthouses (Mayfield).	Gorebridge.	Kirknewton.	Loanhead.	Musselburgh (Cameron Cottage).	Musselburgh (Fisherrow).	Musselburgh (Fisherrow—2).	Musselburgh (Pinkie).	Newbridge.	Newtonrange.	Penicuik (Bellman's Road).	Penicuik (Eastfield).	Pumphreeston.	Ratho.	Roswell.	Roslin.	Wallyford.	West Calder.	West Calder (Polbeth).	Whitcraig.	Totals and Averages.				
Openings during the year:	6	9	12	37	16	29	20	13	14	17	9	8	11	22	—	15	12	11	5	12	—	20	13	14	—	—	8	—	10	5	15	4	367				
Attendances—Aged 1½ yrs.	24	16	37	74	23	5	53	—	39	64	2	1	11	71	—	46	65	45	8	28	—	7	12	22	—	—	16	—	51	11	45	2	778				
2½ yrs.	28	25	45	165	58	159	77	58	60	54	31	37	28	117	—	62	59	66	31	53	—	51	76	82	—	—	29	—	45	18	70	18	1,602				
3½ yrs.	21	21	47	138	69	144	80	64	60	69	60	40	45	115	—	70	46	39	27	62	—	63	61	80	—	—	27	—	41	19	71	15	1,594				
4½ yrs.	14	40	47	146	64	122	77	82	81	48	65	35	73	121	—	79	53	58	23	54	—	81	67	89	—	—	24	—	89	22	69	25	1,727				
Total Toddlers	87	102	176	523	214	430	287	204	240	235	158	113	157	424	—	257	223	208	89	197	—	202	216	273	—	—	96	—	205	70	255	60	5,701				
Vaccinations and Immunisations completed—																																					
Polio—Primary	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4				
1st Booster	—	6	—	7	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17				
2nd Booster	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15				
Triple Immunisation—Primary	1	—	7	1	—	—	—	—	—	—	—	1	1	3	—	—	—	—	14	—	—	—	—	—	—	—	—	—	—	—	6	—	34				
1st Booster	20	6	59	117	48	106	77	45	76	51	6	5	8	53	—	72	63	52	21	45	—	11	66	81	—	—	11	—	46	15	24	8	1,252				
2nd Booster	16	21	29	15	59	76	54	37	4	36	—	4	11	8	—	41	—	50	12	—	—	5	46	79	—	—	5	—	1	9	52	19	689				
Dip. Tet.—Primary	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	3	8	—	—	—	—	—	—	—	—	15				
1st Booster	—	—	—	13	—	—	3	—	3	4	8	8	—	19	—	18	—	—	—	—	—	4	—	—	—	—	2	—	—	—	—	—	82				
2nd Booster	—	—	—	71	—	—	6	10	56	—	48	12	28	64	—	25	44	—	9	45	—	28	4	—	—	—	5	—	53	—	1	—	509				
Tuberculosis—Skin Tests	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1				
B.C.G. Vaccen.	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3				
Smallpox	6	—	—	1	—	—	—	—	—	—	—	—	3	7	—	3	—	—	1	—	—	1	1	—	—	—	—	—	—	2	—	—	25				

Forty-five children were referred from the C.W. Clinics to their own general practitioners or a specialist, for treatment or advice.

Welfare Foods

District	Organisation	Centres		Day	Hours
		Address			
Addiewell	W.V.S.	Clinic, Meadowhead Place	Wednesday	2-4 p.m.	
Balerno	W.V.S.	Village Hall	(Fortnightly) Friday	2.30-4 p.m.	
Bilston	—	C.W.C. Primary School	Thursday	2-4 p.m.	
Blackshiels	W.V.S.	Mrs Robertson, St Helens	Any day at house		
Bonnyrigg	—	Clinic, High Street	Friday	10-12 noon	
			(Alternate weeks)	10-12 noon	
				2-4 p.m.	
Currie	B.R.C.S.	163 Lanark Road West	Tuesday	2.30-4.30 p.m.	
Currie	—	Clinic, Primary School	Tuesday	2-4 p.m.	
Dalkeith	—	Gray's Close, 17 High St.	Monday	2.30-4 p.m.	
Dalkeith	W.V.S.	Clinic, Woodburn Road	Thursday	2-4 p.m.	
Danderhall	W.V.S.	Danderhall School	Wednesday	2-4 p.m.	
East Calder	W.R.I.	Clinic, Main Street	Tuesday	9.30-12 noon	
			(Fortnightly)	4-weekly and 2-4 p.m.	
Easthouses	W.V.S.	Clinic, Langlaw School	Friday	10-12 noon	
Easthouses	W.V.S.	Clinic, Bryans School	Wednesday	10-12 noon	
Easthouses	—	Clinic, Mayfield School	Thursday	2-4 p.m.	
Edgehead	—	Mrs F. E. Heaphy, 58 Edgehead Rd., Chesterhill, Ford	Any day at house		
Fountainhall	—	Mrs Dick, Post Office	Daily		
Gorebridge	B.R.C.S.	Clinic, Gorebridge School	Friday	2-4 p.m.	
Heriot	—	The Shop, near Station	Any time		
Kirknewton	—	Clinic, School	Friday	2-4 p.m.	
			(4 weekly)		
Loanhead	W.V.S.	Clinic, George Terrace	Tuesday	2-4 p.m.	
			and 4 weekly	10-12 noon and 2-4 p.m.	
Middleton	—	Mrs Bennett, 3 Borthwick Castle Road	Thursday (any time)		
Musselburgh	W.V.S.	Fisherrow Clinic	Thursday	2-4 p.m.	
			(Fortnightly)		
Musselburgh	W.S.-L.P.	Clinic, Cameron Cottage	Friday	2-4 p.m.	
			(Fortnightly)		
Musselburgh	W.S.-L.P.	Clinic, Pinkie-St Peter's School	Thursday	2-4 p.m.	
			(Fortnightly)		
Newbridge	W.R.I.	Bowling Club Pavilion	Tuesday	2.30-4 p.m.	
			(Fortnightly)		
Newtongrange	W.V.S.	Clinic, Newtongrange J.S. School	Wednesday	2-4 p.m.	
Penicuik	W.V.S.	Clinic, Bellman's Road	Wednesday	2-4 p.m.	
Penicuik	W.V.S.	Clinic, Eastfield School	Tuesday	10-12 noon	
Polbeth	W.V.S.	Clinic, Polbeth Road	Wednesday	10-12 noon	
Pumpherstoun	W.R.I.	Clinic, Pumpherstoun School	Friday	10-12 noon	
			(Fortnightly)		
Ratho	W.R.I.	Clinic, Primary School	Thursday	2-4 p.m.	
			(Fortnightly)		
Rosewell	—	Clinic, Primary School	Thursday	10-12 noon	
			(Fortnightly)		
Roslin	W.R.I.	Clinic, Roslin School	Tuesday	2-4 p.m.	
			(Fortnightly)		
Stow	W.V.S.	Mr W. Bruce	Thursday	2-4 p.m.	
Temple	—	Mr Cockburn's shop	Any day		
Wallyford	—	Clinic, Wallyford School	Tuesday	2-4 p.m.	
			(Fortnightly)		
West Calder	W.V.S.	Clinic, Stewart Street	Wednesday	2-4 p.m.	
			(Fortnightly)		
Whitecraig	W.V.S.	Clinic, Primary School	Friday	2-4 p.m.	
			(Fortnightly)		

Fortunately the voluntary workers who have given their time so generously to this purpose for many years still "carry on." Without their help we would have been in a very difficult position and we are correspondingly indebted to them. The average weekly up-take in the County during the year to 31st December, 1965 was:

National Dried Milk	....	....	339
Cod Liver Oil	....	....	85 bottles
A. and D. Vitamins	....	....	1755 tablets
Orange Juice	....	....	643 bottles

Very great attention is paid to the supervision of children who are considered to be at special risk as well as to children who have already developed a handicap in some shape or form, and they are seen regularly by both health visitors and doctors. The number of children coming into this category at the time of this report was:

Born	On "At Risk" Register	Transferred from "At Risk" to Handicapped Register during year
1965	359	—
1964	297	8
1963	143	8
1962	95	8
1961	58	8
Totals	952	32

Teeth

The pre-school dental service has continued to function on the same lines as hitherto.

The spotlight has remained focused on the systematic examination of Toddlers at three and at four years of age. At this stage the majority of young mothers are very receptive to advice on all matters pertaining to health and normally pay close attention to advice from dental officers during these "check up" clinics.

Altogether 286 half-day sessions were devoted almost entirely to routine dental inspection of Toddlers and, although unproductive in output of work, both children and mothers become familiarised at least, with the surgery environment and at most, with simple and painless dental procedures to restore milk-teeth to normal function.

The majority of parents appreciate these short chairside talks on "Dental Care" and do their utmost to put them into practice with varying degrees of success.

It is unfortunate however, that time and staffing factors will not permit more frequent re-examination of these youngsters both to ensure more adequate supervision and to maintain a better standard of dental health.

The number of pre-school children presented at the various clinics has again created a new record by surpassing the previous years peak figure by 49.

Altogether 3,704 children were examined by the dental officers.

1,715 (46.03%) showed some form of dental defects and 1,315 (76.67%) of the "defects" were offered and accepted treatment. Only 25 of these children attended as "Casuals." By the end of the year 1100 children had made 2685 attendances at the clinics for treatment and 1081 had actually been made dentally fit.

The age distribution of the children inspected was as follows:

Age 2 years : 17.6% of whom 13.2% were offered treatment.
 Age 3 years : 39.8% of whom 33.7% were offered treatment.
 Age 4 years : 42.5% of whom 46.4% were offered treatment.

Two-year-old children are only included in this scheme by special parental request, it is noteworthy therefore, that the number inspected has increased by 128 by comparison with last year.

In each of the three age groups there was a drop in the percentage requiring treatment amounting respectively to 3·7%, 3·2% and 4·9%, by comparison with the previous year. This would appear to justify the time devoted to Dental Health Education at toddlers clinics at the expense of clinical work.

Details of Inspection and Treatment are set out hereunder:

Inspection

Centre	Age	Number Examined				With Defects				Offered Treatment			
		2	3	4	Total	2	3	4	Total	2	3	4	Total
Bilston	2	53	51	106	—	12	25	37	—	6	11	17	
Bonnyrigg	157	131	128	416	24	62	77	163	19	46	53	118	
Croft Street	8	54	48	110	—	13	24	37	—	8	18	26	
Currie	129	175	148	452	7	56	67	130	3	47	58	108	
Danderhall	13	52	76	141	5	26	46	77	5	25	39	69	
East Calder	31	65	37	133	20	43	30	93	19	40	30	89	
Easthouses—													
Bryans	3	60	77	140	2	27	53	82	1	21	46	68	
Langlaw	6	50	45	101	3	25	34	62	3	16	27	46	
Mayfield	5	42	71	118	3	23	41	67	1	20	32	53	
Fisherrow	94	80	113	287	29	41	87	157	19	27	57	103	
Gorebridge	14	113	131	258	5	41	79	125	5	31	56	92	
Loanhead	51	74	75	200	1	37	52	90	1	31	47	79	
Mobile Unit....	—	17	30	47	—	6	16	22	—	4	10	14	
Newtongrange	5	67	84	156	5	29	64	98	1	24	48	73	
Penicuik—													
Bellman's Rd.	29	59	53	141	—	18	21	39	—	11	14	25	
Eastfield	13	79	71	163	—	33	34	67	—	17	23	40	
Pinkie													
St Peter's	1	56	54	111	—	30	35	65	—	21	23	44	
Polbeth	14	68	55	137	4	43	45	92	3	43	43	89	
Rosewell	4	14	12	30	2	6	7	15	2	5	6	13	
Wallyford	52	38	69	159	4	24	38	66	2	21	30	53	
West Calder....	—	9	9	18	—	6	8	14	—	6	8	14	
Whitecraig	10	8	21	39	3	2	15	20	1	1	9	11	
Woodburn	3	76	105	184	1	23	47	71	—	13	37	50	
Musselburgh													
Nursery	—	23	5	28	—	10	3	13	—	10	3	13	
Various Day													
Schools	9	13	7	29	2	8	3	13	1	4	3	8	
Total		653	1476	1575	3704	120	644	951	1715	86	498	731	1315

Treatment

First Visits ....	....	....	....	....	....	1100
Attendances	....	....	....	....	....	2685
Fillings ....	....	....	....	....	....	1219
Extractions	....	....	....	....	....	1472
General Anaesthetics	....	....	....	....	....	375
Other Operations ....	....	....	....	....	....	1314

EYES

Pre-School Children referred for Visual Defect

	Referred	Examined 1st Exam	Re-exam	Attended Own Oculist	Refusal	Of those Glasses Pre- scribed	Examined Not Pre- scribed	Occlusion
Bonnyrigg ...	28	21	7	—	—	11	17	—
Currie ...	10	4	6	—	—	3	7	—
Dalkeith ...	44	21	23	—	—	15	29	3
East Calder ...	10	6	4	—	—	3	7	1
Edinburgh ...	2	—	2	—	—	—	2	—
Loanhead ...	12	6	6	—	—	6	6	2
Musselburgh ...	14	8	6	—	—	9	5	—
Newtongrange ...	20	19	1	—	—	7	13	—
Penicuik ...	5	5	—	—	—	2	3	1
West Calder ...	9	5	4	—	—	2	7	—
Total ...	154	95	59	—	—	58	96	7

Ear, Nose and Throat.—No children treated under Local Health Authority Schemes.

Speech Defect.—Owing to a shortage of Speech Therapists, no pre-school children were referred by Health Visitors for examination by Medical Officers and referral to Speech Therapist.

Ultra-violet Light Treatment. Five children were treated under Local Health Authority Schemes.

Orthopaedic.—During the year 228 pre-school children (112 new cases, 116 old cases) were seen by the Orthopaedic Surgeon and of these 7 were admitted to Princess Margaret Rose Hospital during the year. At the end of the year 331 pre-school children (219 new cases, 112 old cases) were on the Orthopaedic Register.

NURSERIES AND HOMES

Day Nurseries

Provided by Local Health Authority.

Olivebank Nursery, Market Street, Musselburgh

	Babies	Tweenies	Toddlers
Places provided	8	16	36
Places taken up at 31/12/65	7	15	38
Average number of daily attendances	5	11	31
Waiting list at 31/12/65	2	2	1

This is an approved Training School. All the staff are X-rayed annually.

There are no other Nurseries in the County.

Nurseries and Child Minders Regulation Act, 1948

Premises:

Registered at end of year	....	....	....	....	....	1
Applications during year	....	....	....	....	....	—
Registration Pending	....	....	....	....	....	—
Children cared for	....	....	....	....	....	25

Persons:

Registered at end of year	....	....	....	....	....	4
Application granted during year	....	....	....	....	....	1
Refused	....	....	....	....	....	—
Registration terminated	....	....	....	....	....	—
Children cared for	....	....	....	....	....	51

Mother and Baby Homes

Maintained by Voluntary Bodies—

The Tired Mothers' Holiday Home, Annsmill, Leadburn

This Home is carried on in conjunction with the Edinburgh Children's Holiday Fund. It can accommodate twelve mothers with their children under 5 years, for periods of ten days each.

Dr Barnardo's Home, Ravelrig, Balerno

This caters for children under the age of 5 years and has accommodation for 32 children all told.

Maintained by Local Authority—None.

Residential Nurseries and Children's Homes

Maintained by Voluntary Bodies—

Red House Home for Boys, Musselburgh

The Home accommodates 30 boys between the ages of 5 and 15 years who are orphans or whose parents are unable to support them, or whose surroundings are very undesirable. Most of the boys remain in the Home for several years.

Nazareth House, Lasswade

This is a Roman Catholic Home for orphans and children from broken homes. It has accommodation for 6 girls and 20 boys under 5 years of age and 50 boys between 5 and 12 years of age.

Provided by Local Authority Children's Committee:

Midfield House, Lasswade, and Tenterfield House, Haddington

Maintained by the Local Authority under the auspices of the Midlothian, East Lothian and Peebles Children's Committee for both short and long stay cases.

Children in Homes at 30/11/64	....	....	....	....	71
Admitted during 1965	....	....	....	....	50
Died during 1965	....	....	....	....	—
Discharged during 1965	....	....	....	....	33
Remaining in Homes at 30/11/65	....	....	....	....	88

Family Homes—Currie, Penicuik, Tranent (2) and Gorebridge

Children in Homes at 30/11/64	....	....	....	....	30
Admitted during 1965	....	....	....	....	3
Died during 1965	....	....	....	....	—
Discharged during 1965	....	....	....	....	6
Remaining in Homes at 30/11/65	....	....	....	....	27

Hostel—Gorebridge

In Hostel at 30/11/1964	....	....	....	....	....	6
Admitted during 1965	....	....	....	....	....	3
Died during 1965	....	....	....	....	....	—
Discharged during 1965	....	....	....	....	....	1
Remaining in Home at 30/11/1965	....	....	....	....	....	8

Children Act, 1948

Children on Child Life Protection Register at 30/11/65	....	3
Children from Midlothian boarded-out in Midlothian	....	92
" " " boarded-out in other areas	....	75
" " " in Joint Children's Committee Homes	....	95
" " " in Registered Voluntary Homes	....	91
Children from other areas boarded-out in Midlothian	....	92

Adoption Act, 1958

Number of adoptions arranged by Local Authority		
(a) Direct placing	....	18
(b) <i>Curator ad Litem</i>	....	70
Number of children supervised under Part IV following notices		
under (a) Secs. 37 (1) (a) and 38	....	9
(b) Secs. 37 (1) (b) and 38	....	58

Children coming into care 1/12/64 to 30/11/65:

Under 2 years	2-4 years	5-15 years	Over 15 years	Total
42	47	74	8	171

HEALTH EDUCATION

For seventeen years there has been a comprehensive health service in being in this country. It has been open to abuse by two types of individual, the one who requires treatment for the most trivial ailment and the other person who struggles on and often leaves the request for medical advice until it is too late. If these two types of individual could be educated and given an understanding of Health then the saving of doctors' time, hospital beds and lost working time would be enormous.

Since the start of this century, there has been a change in the emphasis of the work of Health Departments. Sixty years ago it was on infectious diseases, and on the effects environment played in affecting an individual's health. Although strict comparison cannot be made because of boundary changes and population differences, figures for this area in 1899 and 1964 make interesting comparison and help demonstrate how successful this approach has been.

	Infant Mortality Rate per 1,000 total births	Deaths from Tuberculosis	Deaths from Typhoid Fever
1899	120	91	5
1964	20	4	—

With the decrease in the incidence of infectious diseases and the improvement in housing and sanitation, the emphasis has now shifted to the individual. Previously it was factors influencing the individual that were being dealt with and this could be done without the individual having to make any special effort. Nowadays, however, there are certain conditions which can only be tackled by trying to educate the individual in the basic essentials of healthy living and success can only be achieved by the individual himself playing a part. Two conditions which demonstrate perhaps most easily how difficult it is to get an individual to take the necessary action himself are the problems of obesity and lung cancer. The overweight person will go to great lengths to get slimming tablets or buy special slimming foods, whereas the solution lies within himself by eating less. Similarly, in the case of lung cancer, there is a temporary fall in the consumption of tobacco after every burst of publicity but then the consumption gradually increases till it reaches its previous level or even passes it.

HEALTH VISITING

Domiciliary Visitation:

	Cases	Visits
1. Expectant Mothers	199	464
2. Children Born in 1965	2,656	15,584
3. Children Born in 1964	2,600	13,539
4. Children Born in 1960-63	7,543	19,797
5. School children	1,114	1,737
6. Persons aged 65 years and over	89	89
7. Mental Health—care and after care	45	186
8. Other hospital after care	50	100
9. Tuberculosis households....	330	889
10. Other infectious diseases	21	33
11. Problem Families....	174	1,118
12. Other	233	379
13. Persons visited above at request of G.P. or hospital —	—	66
14. Waste Visits	—	7,910

ATTENDANCES AT CLINICS, ETC.

Local Health Authority Clinics:

	Sessions
1. Ante-natal	52
2. Post-natal	3
3. Ante-natal and Post-natal combined	138
4. Child Welfare	1,659
5. Toddlers	379
6. Immunisation	45
7. Mothercraft	33
8. Relaxation	7
9. Mothercraft and relaxation combined*	221
10. Health Education	8
11. Deafness in young children, etc.	228

Hospital Units:

1. Maternity	1
2. Paediatric	1
3. Geriatric	9
4. Mental Health	—
5. Other	9

*At 36 of these sessions in Nether Currie School the relaxation classes were taken by the physiotherapist.

School Health:

1. Minor Ailment	....	....	....	....	....	....	176
2. Cleanliness	....	....	....	....	....	....	329
3. Minor Ailment/Cleanliness	....	....	....	....	....	....	560
4. Eye	....	....	....	....	....	....	76
5. Medical Inspections	....	....	....	....	....	....	545
6. Health Education	....	....	....	....	....	....	159
7. Vision Testing	....	....	....	....	....	....	76
8. Tuberculosis—Skin Testing and B.C.G. vaccination	....	....	....	....	....	....	74
9. Other	....	....	....	....	....	....	42

Other Services:

1. Staff Meetings	....	....	....	....	....	....	125
2. Visitors	....	....	....	....	....	....	152
3. Refresher Courses	....	....	....	....	....	....	52
4. Clerical	....	....	....	....	....	....	607
5. Other	....	....	....	....	....	....	186

HEALTH EDUCATION

Throughout the year every opportunity was taken of educating the public in "Healthy Living." Talks, often with films, were given as shown in the following table:

Title of Talk		School Children		Preformed Groups		Total
		Primary	Secondary	Youth	Adult	
Accidents in the Home	No. of talks	20	2	—	4	26
	No. present	1,856	8	—	128	1,992
Alcohol	No. of talks	—	5	—	—	5
	No. present	—	186	—	—	186
Dental Health	No. of talks	21	7	—	2	30
	No. present	1,360	186	—	94	1,640
Feminine Hygiene ...	No. of talks	17	63	1	—	81
	No. present	443	2,468	163	—	3,074
First Aid and Home Nursing	No. of talks	3	4	—	68	75
	No. present	20	47	—	873	940
Health Services ...	No. of talks	1	3	1	15	20
	No. present	20	46	6	504	576
Hygiene	No. of talks	54	11	—	2	67
	No. present	2,687	277	—	107	3,071
Infectious Disease ...	No. of talks	1	3	—	—	4
	No. present	33	192	—	—	225
Mothercraft	No. of talks	—	53	—	42	95
	No. present	—	713	—	619	1,332
Smoking	No. of talks	20	22	—	—	42
	No. present	569	607	—	—	1,176
Personal Relations ...	No. of talks	—	11	2	5	18
	No. present	—	425	42	192	659
Others	No. of talks	6	1	—	7	14
	No. present	485	14	—	275	774
Total ...	No. of talks	143	185	4	145	476
	No. present	7,473	5,169	211	2,792	15,645

In accordance with our general principle, of course, chief reliance was placed on the individual talks to parents and children at school medical and dental inspections and maternity and child welfare clinic sessions, and during home visitation.

STAFF COURSES

With the rapid advances in medicine and the continual changes in legislation with regard to Health Services and Welfare it is very difficult for members of staff to keep up to date. Regular staff meetings are held and these meetings certainly help, but, in addition, every opportunity should be taken to send members of staff on organised courses, and the undernoted table shows how many members of the staff attended such courses during the year.

Courses Attended:

By Medical Officers	By Dental Officers	By Nursing Staff	By Other Staff
9	2	20	5

VACCINATION AND IMMUNISATION

Smallpox Vaccination

	Under 5 years	5 to 14 years	Over 14 years
Number vaccinated during 1965—			
Successful	1,717	66	—
No reaction	97	4	—
Not examined	17	8	—
Total	1,831	78	—

Number re-vaccinated during 1965—

Successful	14	6	268
No reaction	1	—	23
Not examined	2	3	58
Total	17	9	349

	1 to 4 yrs.	5 to 15 yrs.
Percentage vaccinated of those resident in County at end of 1965	72	81

979 records (614 Primary and 365 re-vaccinations) were returned by General Practitioners.

Diphtheria, Whooping Cough and Tetanus Immunisation

	Under 5 years	5 to 15 years	Over 15 years
Number immunised during 1965	2,447	56	—
Number given maintenance injection during 1965	3,161	1,324	—
Number of confirmed cases of Diphtheria in 1965	—	—	—
Number of deaths from Diphtheria in 1965	—	—	—

	6 mths. to 4 yrs.	5 to 15 yrs.
Percentages immunised against diphtheria of those resident in the County at end of 1965	86	93

1,222 records (704 Primary, 518 Maintenance injections) were returned by General Practitioners.

Poliomyelitis Vaccination

The number of persons vaccinated during 1965 was as follows:

	Primary Vaccinations	3rd Maintenance doses	4th Maintenance doses
Born in years 1943-1965	2,468	—	2,001
Born in years 1933 to 1942	117	—	14
Others	33	—	33
Total vaccinated in 1965	2,618	—	2,048
Total vaccinated from 1956 to 1964....	60,857	53,286	15,866
Total vaccinated to date	63,475	53,286	17,914
Percentage immunised against Poliomyelitis of those resident in County at end of 1965	85	1-4 years	5-15 years
	92		

998 records (713 Primary and 285 Maintenance doses) were returned by General Practitioners.

Tuberculin Testing and B.C.G. Vaccination

As in previous years, as soon as the Environmental Report was completed for each new case of tuberculosis, all adult home contacts were given appointments for chest X-ray examination, and all contacts under the age of 5 years or in attendance at school were skin tested—positive reactors being X-rayed and negative reactors being vaccinated with B.C.G.

DETAILS OF SKIN TESTING AND B.C.G. VACCINATION

A.—Child Contacts, 1964

Age	{		{		{		{		{		{		Totals by sex	Total
	Under 1		1 and under 5		1 and under 10		10 and under 15		15 and under 20				M	F
Positive Skin Test	—		—	2	5	7	2	3	—	—	8	12	20	
Negative Skin Test	3	4	28	32	53	47	13	15	2	—	99	98	197	
Negative Reactors—														
Received B.C.G.	*4	†6	28	32	22	21	13	15	2	—	69	74	143	
Positive Reactors—														
X-rayed	—	—	1	2	5	7	2	3	—	—	8	12	20	

* Includes 1 baby who was not skin tested

† Includes 3 babies who were not skin tested

The 20 children were X-rayed and 1 girl was continued under special observation.

The primary school contacts of one child notified as a case of tuberculosis were followed up. This involved skin testing 68 children and of these, 31 boys and 26 girls were Heaf negative. No B.C.G. was given to these children. Of the remainder, all had been given B.C.G. at some previous time, but they were X-rayed as a precautionary measure and were found to be clear.

B.—School Leavers

The parents of all children born in 1951 were asked to give their consent to skin test, with B.C.G. vaccination of negative reactors and X-ray of positive reactors. In 94·3 per cent. of cases, the parents gave complete consent.

The positive reactors and marked reactors from the previous year were X-rayed at special sessions at the schools by means of large films. No cases of respiratory tuberculosis were found.

No. Skin Tested			Refusals			Positive Reactors			X-rayed		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
798	752	1550	16	12	28	212	170	382	243	198	441

1,153 children were given B.C.G. vaccination.

163 of the positive reactors had previously had B.C.G.

C.—Tuberculin Sensitivity Survey—Musselburgh

Children born between 1st January and 31st December, 1960
Commencing—May, 1960

First skin test—6 months

Transferred before test given	....	....	....	....	29
B.C.G. Vaccination before first test	....	....	....	....	19
Refusals	....	....	....	....	8
“Not available”	....	....	....	....	3
Died before test	....	....	....	....	5
					<hr/> 64
Given first skin test—All results negative	....	....	....	....	229

Second skin test—18 months

Transferred before test given	....	....	....	....	24
B.C.G. Vaccination after first test	....	....	....	....	7
Refusals	....	....	....	....	1
					<hr/> 32
Given second skin test—All results—ve	....	....	....	....	197

Third skin test—30 months

Transferred before test given	....	....	....	....	15
B.C.G. Vaccination after second test	....	....	....	....	5
					<hr/> 20
Given third skin test—All results—ve	....	....	....	....	177

Fourth skin test—42 months

Transferred before test given	....	....	....	....	12
B.C.G. Vaccination after third test	....	....	....	....	2
					<hr/> 14
Given fourth skin test—All results—ve	....	....	....	....	163

Fifth skin test—54 months

Transferred before test given	....	....	....	....	6
B.C.G. Vaccination after fourth test	....	....	....	....	2
					<hr/> 8
Given fifth skin test—All results—ve	....	....	....	....	155

Sixth skin test—Approx. 6 months after school entry

Transferred before test given	....	....	....	....	....	2
						2
Given sixth skin test—All results—ve	....	....	....	....	....	105
Skin test outstanding—not yet done	....	....	....	....	....	48

INFECTIOUS DISEASE

Tuberculosis

The trend of notification since pre-war years is shown in the following table:

	1935-39	1940-44	1945-49	1950-54	1955-59	1960-64	1965
	Av.	Av.	Av.	Av.	Av.	Av.	
Respiratory	52	65	107	143 (23)	78 (34)	40 (17)	30 (5)
Non-respiratory	50	57	41	28 (6)	19 (3)	13 (2)	16 (1)
Total	102	122	148	171 (29)	97 (37)	53 (19)	46 (6)

Figures in brackets are transfers in, previously included in the total figure.

1 Respiratory and 2 non-respiratory cases were not confirmed.

Methods by which new respiratory cases were discovered

Symptom group examined	....	....	....	....	....	20
Contact group examined	....	....	....	....	....	8
Mass Radiography	....	....	....	....	....	1

Types of new Respiratory Cases found

	Total Cases	Sputum +ve	Early Acute	Chronic	Chronic with recent Spread	Contact of known Cases
Males	21	6	15	1	5	7
Females	8	3	7	1	—	—

Mass Radiography

No general mass radiography campaign or special sessions for school staffs were arranged this year.

67 applicants for employment under the County Home Help Scheme were examined by Mass Radiography, by special arrangement.

The distribution of cases throughout the County is indicated in the following tables:

*Number of Persons Resident in the Area at 31st December, 1965
who were known to be suffering from Tuberculosis*

Age Distribution

	Age Group (years)	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	Total.
RESPIRATORY											
Confirmed 1965....	M.	—	2	1	3	1	2	4	6	2	21
	F.	—	2	—	1	1	3	1	—	—	8
Total in Area	M.	—	2	16	21	44	40	56	46	24	249
(31/12/65)	F.	—	1	7	20	55	49	17	8	9	166
NON-RESPIRATORY											
Confirmed 1965	M.	—	1	—	—	—	1	—	—	—	2
	F.	—	—	1	1	3	1	1	1	4	12
Total in Area	M.	—	1	2	6	6	8	7	2	4	36
(31/12/65)	F.	—	—	3	12	15	19	5	8	10	72

Area Distribution

AREA	Confirmed in 1965 Respiratory	Non- Respiratory	Total known Cases in Area Respiratory	Non- Respiratory
Landward	17	10	252	65
Bonnyrigg and Lasswade	1	1	24	4
Dalkeith	3	1	31	8
Loanhead	1	1	15	5
Musselburgh	5	—	69	21
Penicuik	2	1	24	5
	29	14	415	108

Number of Persons who died from Tuberculosis in the area during the year, with particulars as to period elapsing between Notification and Death, and between Discharge from an Institution and Death.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis	2	1	—	2
Of whom—				
Not notified or notified only at or after death	—	—	—	2
Notified less than 1 month before death	—	—	—	—
Notified from 1 to 3 months before death	—	1	—	—
„ 3 to 6 months before death	—	—	—	—
„ 6 to 12 months before death	1	—	—	—
„ 1 to 2 years before death	—	—	—	—
Notified over 2 years before death	1	—	—	—

Sanatoria

				In Sanatoria on 1st Jan. 1965	Admitted during 1965	Discharged or died during 1965	In Sanatoria on 31st Dec. 1965
<i>Bangour Hospital Group</i>							
Males	....	....	....	3	18	20	1
Females	....	....	....	—	6	6	—
Children	....	....	....	—	—	—	—
<i>East Fortune Hospital</i>							
Males	....	....	....	3	3	6	—
Females	....	....	....	—	—	—	—
Children	....	....	....	—	—	—	—
<i>Other Hospitals</i>							
Males	....	....	....	3	10	11	2
Females	....	....	....	2	10	11	1
Children	....	....	....	—	5	4	1
TOTAL							
Males	....	....	....	9	31	37	3
Females	....	....	....	2	16	17	1
Children	....	....	....	—	5	4	1
				11	52	58	5

There was no waiting list at the end of the year.

Housing of Tuberculosis Cases

				Landward.		Bonnyrigg and Lasswade		Dalkeith		Loanhead		Musselburgh	
				R. N.R.	R. N.R.	R. N.R.	R. N.R.	R. N.R.	R. N.R.	R. N.R.	R. N.R.	R. N.R.	Total
Rehoused during 1964													
Overcrowded at 31/12/64													
	3-Apt.	...	...	5	2	1	—	—	1	1	—	2	9
	4-Apt.	...	...	3	—	—	—	2	—	—	—	—	5
	5-Apt.	...	...	10	—	—	—	—	—	—	—	—	10
Of these, willing to be re-housed													
	3-Apt.	...	...	4	2	—	—	—	1	1	—	2	7
	4-Apt.	...	...	2	—	—	—	1	—	—	—	—	3
	5-Apt.	...	...	7	—	—	—	—	—	—	—	—	7
Rehoused during 1965 in													
	3-Apt.	...	...	2	—	—	—	—	1	—	—	—	2
	4-Apt.	...	...	1	—	—	—	—	—	—	—	1	1
	5-Apt.	...	...	2	—	—	—	—	—	—	—	2	2
Overcrowded at 31/12/65													
	3-Apt.	...	...	2	2	1	—	—	—	—	2	—	6
	4-Apt.	...	...	2	—	—	—	2	—	—	—	1	4
	5-Apt.	...	...	7	—	—	—	—	—	—	—	—	7
Of these, willing to be re-housed													
	3-Apt.	...	...	1	2	—	—	—	—	—	2	—	4
	4-Apt.	...	...	1	—	—	—	1	—	—	—	—	2
	5-Apt.	...	...	4	—	—	—	—	—	—	—	—	4

Additional Nourishment

No prescriptions for additional food were issued during the year.

FOOD POISONING

The cause of confirmed cases of food poisoning during the year were as follows:

Salmonella enteritidis var jena	....	....	9 incidents
Salmonella typhi-murium phage type 1	....	....	1 incident
Salmonella typhi-murium phage type 9	....	....	34 incidents
Salmonella typhi-murium	....	....	6 incidents (all sporadic cases)

Six cases of Salmonella enteritidis var jena and the one case of typhi-murium phage type 1 were found to have attended a large function attended by people from the whole of Scotland. Several cases amongst the guests from other parts of Scotland were also found to be excreting Salmonella enteritidis var jena. The suspected food in this case was cold turkey.

The three other cases of Salmonella enteritidis var jena were members of one family who had been infected while holidaying abroad.

Almost all primary cases in the outbreak of 34 cases of Salmonella typhi-murium phage type 9 were children and, despite careful investigation of possible sources of infection, nothing conclusive was found.

Venereal Disease

Patients attend for consultation and treatment at the Royal Infirmary, Edinburgh, where they may be admitted to special wards for in-treatment if necessary.

Examinations of specimens are carried out at the Infirmary Laboratory.

The number of cases treated during the year was as follows:

Syphilis—Acquired	....	5	Non-gonococcal urethritis	....	39
Congenital	....	2	Other venereal infections	....	116
Gonorrhoea	....	19	Non-venereal disease	....	70

The further following confirmed cases of other infectious diseases occurred during the year:

	Landward	Bonnyrigg and Lasswade	Dalkeith	Loanhead	Musselburgh	Penicuik	Total 1965	Not admitted to Hospital	Total 1964
Dysentery	77	2	7	6	52	—	144	137	93
Cerebrospinal Fever	—	—	—	—	1	—	1	—	2
Pneumonia, Acute Primary	1	—	—	—	4	—	5	5	1
Pneumonia not otherwise notifiable	2	—	—	1	1	—	4	2	2
Typhoid	4	—	—	—	—	1	5	—	1
Scarlet Fever	13	—	—	—	5	—	18	14	19
Whooping Cough	—	—	—	—	—	—	—	—	5
Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	1	—	1	—	—
Erysipelas	—	—	1	—	1	—	2	1	—
Food Poisoning	46	—	1	—	3	—	50	44	—
Para-typhoid B	3	—	—	—	—	—	3	3	—
	146	2	9	7	68	1	233	206	125

Bacteriological Services

The following statement gives details of the principal examinations carried out for the County Health Department and General Medical Practitioners by the Bacteriology Department, University of Edinburgh, during 1965. I am indebted to Professor Cruickshank and Dr Davies for the following report.

The number of examinations carried out for the County of Midlothian has increased from 7,806 in the previous year to 12,146 in 1965.

There has been no appreciable change in the numbers of specimens of nose or throat swabs examined nor in the materials examined for *Mycobacterium tuberculosis*. As in 1964, *Corynebacterium diphtheriae* was not isolated at all. Positive isolations of *Myco. tuberculosis* numbered 4, including 3 samples of sputum; there were three positive early morning urine specimens from a single patient.

Examinations on urine specimens have continued to increase in numbers (almost a 50% increase over the previous year) and the numbers of antibiotic sensitivity tests have increased in proportion. This tendency has not been confined to Midlothian and reflects the general increase of interest and awareness of the significance and dangers in bacterial infections of the urinary tract.

During the year under review there were more cases of gastrointestinal tract infections than before, partly due to a general increase in *Shigella sonnei* infections (128 cases, compared with 92 in the previous year) and partly to two outbreaks of infection due to salmonellae.

In the first outbreak of salmonella infection which took place during August, there were 36 cases and *Salmonella typhimurium* (phage type 9) was isolated from all. Of interest during this outbreak was the age-range of the patients, the youngest being only 7 weeks of age and the oldest 76 years. Seven cases were under 2 and 24 under 10 years of age. Exhaustive investigations were carried out in a dairy where many of the families bought milk, but examination of individual milk samples from the cows, together with the negative results from the dung samples, gave no extra information. The outbreak soon stopped, although 3 cases of infection with exactly the same organism subsequently came to light in a nearby town.

The second outbreak, which was caused by *Salmonella enteritidis* var *jena*, followed a dinner-dance attended by 350 people of whom 250 resided outside the County area. There were 8 cases in residents of the nearby towns and further cases were found in Edinburgh, East Lothian, Stirlingshire and Dundee. Cold roast turkey was suspected as the source of infection but no direct evidence was available. An event such as this emphasises the need for adequate interchange of information between the different Health Authorities in a region.

Four out of the five cases of paratyphoid B had recently returned from Blackpool and the causative organism was of the same phage type as that found in the Blackpool outbreak.

Number of specimens examined were as follows:

	Positive	Total
Swabs from ear, nose and throat examined for <i>C. diphtheriae</i>	—	64
Swabs from nose and throat examined for haemolytic streptococci, etc.	34	159
Swabs for Vincent's organisms	—	3
Specimens examined for <i>Myco. tuberculosis</i> —		
By microscopical examination of the concentrated specimen—		
Sputa	3	25
Pus, pleural fluid, etc.	—	2
Other specimens (urine faeces, etc.)	—	6
By cultivation (all specimens)	4	29
By animal inoculation (urine)	3	9
Specimens for general bacteriological examination—		
Urines	—	1,580
Sputa	—	92
Ear swabs	—	51
Pus	—	82
Vaginal and urethral swabs	—	41
Blood Cultures	—	5
Staphylococcal coagulase tests	70	105
Tests of antibiotic sensitivity	—	7,889
Faeces examined for (a) organisms of the Salmonella and dysentery groups and other bowel pathogens	312	1,736
(Isolations—figures in brackets indicate number of cases)		
<i>Sh. sonnei</i> 184 (128)	<i>Esch. coli</i>	2 (2)
<i>S. typhimurium</i> 87 (39)	<i>Cl. Welchii</i>	1 (1)
<i>S. infantis</i> 5 (—)	<i>S. paratyphi B.</i>	18 (5)
<i>S. enteritidis</i> var <i>jena</i> 12 (8)	Coagulase + ve staphylococci	3 (3)
(b) Helminths and protoza	—	2
	Positive	Total
Blood examined for Widal reaction (including agglutination tests for <i>Br. abortus</i>)	—	9
Paul Bunnell tests for glandular fever	11	56
Urine cultures for salmonella organisms	—	11
Serological tests for syphilis	—	149
Complement fixation test for gonococcal infection	—	3
Other Examinations (various)	—	8
Milk specimens	1	41

HANDICAPPED PERSONS

Physical Defects—General Classification

The number of registered handicapped persons has increased over the past twelve months from 566 to 733, and these as at the 31st December, 1965, were included in the following categories:

	Male		Female		Total	
	1964	1965	1964	1965	1964	1965
Amputations	1	7	—	2	1	9
Arthritis and Rheumatism	—	—	—	9	—	9
Congenital Malformations	1	4	4	7	5	11
Diseases*	2	12	—	5	2	17
Deaf and Dumb	22	18	17	20	39	38
Blind and Partially Sighted	138	140	155	158	293	298
Injuries	1	11	—	7	1	18
Organic Nervous Diseases	16	41	14	36	30	77
Other Nervous or Mental Disorders	91	115	97	123	188	238
Respiratory Tuberculosis	—	1	—	2	—	3
Non-Respiratory Tuberculosis	—	—	—	1	—	1
Other Diseases and Injuries	4	6	3	8	7	14
	276	355	290	378	566	733

* Digestive: Genito-urinary: Heart and Circulation: Respiratory (except ~~76~~ skin.

Senior Training Centres for the Disabled

As stated in last year's report we had every hope that our present scattered classes for the disabled would be rehoused in two adapted buildings centrally placed within the County. Unfortunately there has been some delay, but work has now begun and it is suggested that the centres will be ready for occupation during 1966. The delay has been useful, in that we have been introduced to other disabled people (see above which shows an increase of 267 registered handicapped) who will undoubtedly benefit by instruction and other services.

Meanwhile the three craft classes held for handicapped persons in the County continue to be well attended.

Eskbank Class	....	....	....	30
East Calder Class	....	....	....	14
Musselburgh Class	....	....	....	13

Once again a summer outing was arranged for sixty disabled persons in June, when they visited St Andrews and Dunfermline. There is no doubt that this kind of trip is very much enjoyed, and our thanks go to those members of the Red Cross who assisted. The annual Christmas Party was held as usual on the 21st December in our centre at Musselburgh when again it was attended by a large number who enjoyed a good dinner followed by dancing and games.

Occupational Therapy

The service of domiciliary occupational therapy has developed considerably during the year with 41 patients being visited for occupational therapy alone and 21 patients for aids to daily living.

Types of conditions of patients:

Rheumatoid Arthritis....	....	9	Muscular Dystrophy	....	2
Hemiplegia	....	18	Polyneuritis	....	1
Osteo Arthritis	....	5	Amputees	....	2
Disseminated Sclerosis	....	3	Ankylosing Spondylitis	....	1
Paraplegia	....	1	Depression	....	4
Cerebral Tumour	....	1	Mentally Deficient	....	2
Heart and Chest	....	4	Miscellaneous....	....	8
Spastics	....	1			

The Occupational Therapists during the course of the year paid special visits to Linburn Settlement and Factory for the War Blinded, the Andrew Duncan Clinic, St Joseph's Home and the Royal Victoria Hospital. They also had occasion to visit one of the old people's clubs to give instruction in the use of knitting machines, and meanwhile made regular visits to local general practitioners in the area and kept contact with our health visitors and district nurses.

In association with St Joseph's House, Rosslynlee Hospital, and Cockpen Occupational Centre an exhibition of the work made by the disabled in the County was displayed for sale at three weekend exhibitions in conjunction with the Mental Health Week held at Penicuik, Dalkeith and Musselburgh, when a great deal of interest was shown and numerous orders taken.

Occupational therapy in our four Homes for the elderly continued as of previous years, as shown below:

	Meetings per week	Average Attendance
Limefield House	1	11
Newtonloan Lodge	1	9
Wedderburn House	2	27
Westfield Park Home	2	21
	<u>6</u>	<u>68</u>

The numbers of people attending the occupational classes in Homes are below that of last year, perhaps due to the more frail aged persons who have been admitted during this period. Of course the accommodation is not always satisfactory, as adapted buildings do not offer the same facilities. A recent extension to Limefield House enabled us to provide a new therapy room which will prove ideal when the Home's lift was extended to that floor. Nevertheless, this is a move in the right direction.

PHYSIOTHERAPY

During the year it became possible to introduce a physiotherapy service by our own staff when the private physiotherapist who had been doing the work in Westfield Park Home resigned.

Home	Attendances				Type of treatment		
	First M	F	Repeat M	F	Heat	Exercises	Other
Limefield	1	5	113	103	211	211	150
Newtonloan Lodge	2	3	213	153	361	379	366
Wedderburn House—							
Aged and Infirm	14	19	73	127	181	227	178
Chronic Sick	5	6	80	49	66	144	68
Westfield Park*—							
Aged and Infirm	8	1	176	14	184	38	186
Chronic Sick	—	3	86	69	93	68	117

* As from 30/4/65

As already mentioned in the Preface it also became possible to offer to the general practitioners a physiotherapy service for recent "cerebral accident" cases. In this way it is hoped to reduce the demands on our "handicapped" and "Part III Homes" services. The patients were either referred by General Practitioners immediately after onset of illness or on return from Hospital.

By the end of the year 31 patients had been referred and had received 576 visits and 16 were still under treatment.

Aids to the Disabled

During the year the department supplied the following equipment and carried out certain works of adaptation where required:

Beds, Bedding, Invalid Chairs, etc., supplied—

Invalid Chairs	....	....	....	....	21
Fracture Boards (sets)	....	....	....	....	6
Beds	....	....	....	....	7
Polly Perches	....	....	....	....	2
Tripod Sticks	....	....	....	....	5
Large Special Carriage	....	....	....	....	1
Commodes—Chair	....	....	....	....	20
Box	....	....	....	....	13
Mattresses	....	....	....	....	5
Pillows	....	....	....	....	7
Pillow Cases (pairs)	....	....	....	....	4

Works of Adaptations—

Ramps	....	....	....	....	5
Handrails—outside	....	....	....	....	10
inside	....	....	....	....	5
Electric Points	....	....	....	....	2
Alterations to doorways	....	....	....	....	4
Alterations to driveways	....	....	....	....	2
Tub and sink unit raised	....	....	....	....	1
Bath and washhand basin installed	....	....	....	....	1

Aids—

Bath Mats	....	....	....	....	4
Bath Safety Rails	....	....	....	....	5
Fireguards	....	....	....	....	2
Toilet seats (inflatable)	....	....	....	....	4
Toilet aids	....	....	....	....	3

Convalescent Home Provision

Four handicapped persons were accommodated at the Rosehearty Hotel, Nairn, and three persons at King's Knoll, North Berwick, under the auspices of the British Red Cross Society.

One aged blind person and his wife were assisted to have a holiday at Alwyn House, Ceres, Fife.

In addition five old persons were accommodated at Limefield House to enable the relatives who look after them to have a holiday.

There are no voluntary or local authority convalescent homes in the County.

Blind Persons

The ascertainment of and the social work needs of blind persons is carried out by our agents the Edinburgh and South-East Scotland Society for the Welfare and Teaching of the Blind.

The Society's trained home teachers for the blind are always ready to cater for the needs of the newly registered blind, and help those who require assistance at any time. The Society offers financial assistance where necessary, rehabilitation (social and industrial), training for employment in open industry or sheltered workshops, appliances to aid the housewife and generally advise her on adaptations and adjustments necessary to her handicap, pastime occupations and craft and skills are taught at weekly classes or in the home as necessary. Many blind people are supplied with wireless sets from

the Society and where necessary others are issued with the Nuffield Talking Book Library. Obviously all who can be encouraged to read braille or moon type, are encouraged to do so.

Weekly craft classes are held in Musselburgh and Dalkeith, and visits to and from other clubs are encouraged. The Society held an exhibition during "Help the Disabled Week" when the exhibition finished with a sale of craft goods. Annual concerts are a regular activity and excitement to blind persons and an outing was arranged to Rothesay on one occasion, and another outing by bus to Burntisland. Needless to say numerous social gatherings of one kind or another are held, and like the annual social held at Dalkeith well attended because of the fine entertainment.

Age Group		0-1	2-4	5-15	16-29	30-39	40-49	50-69	70+	Total
Registered in 1965	M	—	—	1	—	—	—	4	7	12
	F	—	—	—	—	—	1	7	7	15
Total on Register at 31/12/65	M	—	—	6	5	8	19	45	43	126
	F	—	—	3	3	3	6	40	84	139

Four mentally normal boys and two mentally normal girls under 16 years were in attendance at the School of the Blind Institution; two boys and one girl, additionally handicapped were not attending school.

Employed

						Male	Female
In workshops for Blind	....	....	....	....	....	37	4
As approved home workers	....	....	....	....	....	—	—
Others (excluding those at school)	....	....	....	....	....	11	—
Totals						48	4

Unemployed

	Trained		Not Trained but Trainable		Not available for employment		Not capable of work		Totals	
	M	F	M	F	M	F	M	F	M	F
For sheltered employment	1	—	—	—	—	—	—	—	—
For open employment	—	—	—	—	—	—	—	—	—
For profession or university	—	—	—	—	—	—	—	—	—
Total	1	—	—	—	—	62	125	9	72

There are also 33 partially sighted persons registered in the County.

Deaf and Dumb Persons

Our agents the Edinburgh Deaf and Dumb Benevolent Society carried out their usual active policy of welfare for the deaf and dumb by providing morning and evening services each Sunday in their social centre; special services included Holy Communion, Easter, Harvest Thanksgiving, Remembrance Day, Christmas and New Year

services. Monthly devotional meetings are held on the third Thursday of each month. During the winter a religious film was shown once a month in the place of the evening service. For the benefit of those residing some distance away, services were held at Haddington, Galashiels and Hawick. Sunday school, bible class and youth fellowship were made available for the younger members. The popularity of the Women's Church Guild continued. In addition the minister visited each home at least once during the year.

The younger members of the club enjoyed social and recreational facilities and were encouraged to join the football and basketball club, whereas the older members enjoyed the ladies' and gentlemen's bowling groups. Indoor games, such as billiards, snooker, darts, table tennis, draughts, chess, dominoes, etc., were all available in the Institute's club rooms. Competitions were regularly arranged with other clubs, and members also participated in competitions arranged by the Scottish Deaf Amateur Sports Association, the Scottish Deaf and Dumb Missions Billiards Association and the Scottish Deaf and Dumb Amateur Football Association. Several of the younger members were selected to compete in the Olympic Games for Deaf People in Washington, after winning their respective competitions in Great Britain. In addition to these activities, a camera club was formed with a fully equipped dark room, also a dramatic club and several other recreational facilities continued in popularity. A winter programme of lectures, demonstrations and visits was also arranged by the deaf members themselves. Monthly socials were arranged in Haddington, Galashiels and Hawick. Afternoon social gatherings were arranged in the Institute club rooms for old age pensioners. Various outings were organised for the older members and places visited included Carlisle, Largs, Crieff and St Andrews. Special parties were arranged during the festive season and each pensioner received a Christmas parcel to the approximate value of 10/- and a grocery voucher of an equal amount. In the case of need, bus and train fares are refunded to those who attend the Institute's social centre.

Social work visitation was carried out regularly and assistance given in solving many personal problems involving such people as the doctors, the police service, and employers, etc. Patients in hospitals in the area are visited regularly.

Great emphasis is placed on the need of members retaining regular employment, and this often requires considerable effort by the Society, for example—one man who has been in trouble several times with the police, and been in prison on several occasions, secured employment—first as a gardener, a dairy worker and finally as a general labourer,—but each time failed to hold his employment. After due consultation it was agreed to find him employment in another area where he would be closely supervised and where his record was not known. Following this he has been in continuous employment for the past eight months, this being the longest period of regular employment ever, and appears to be giving every satisfaction and following a more normal standard of general behaviour.

Age Group

Position as at 31/12/65

				0-4	5-15	16-29	30-39	40-49	50-69	70+	Total	
Employed	....	....	M	—	—	3	2	1	6	1	13	
			F	—	—	3	1	2	2	—	8	
Unemployed or not available			M	—	—	2	—	—	1	2	5	
			F	—	—	1	1	2	7	1	12	
											38	
Degree of Deafness	{	Total	....	M	—	—	2	—	1	7	2	12
				F	—	—	2	2	1	7	—	12
	{	Severe	....	M	—	—	3	2	—	—	1	6
				F	—	—	2	—	3	2	1	8
	{	Moderate	....	M	—	—	—	—	—	—	—	—
				F	—	—	—	—	—	—	—	—

Epileptics and Spastics

Reliable information in regard to the number of adults suffering from epilepsy is not available, but at the present moment there are 80 known cases among children, young persons, and adults under guardianship or informal supervision under the Mental Health Act. The majority of these cases are of a mild degree, and the children in question are under treatment by their family doctors and in regular attendance at school. Children of normal intelligence who suffer from a degree of epilepsy which precludes their attendance at the ordinary school may be admitted to the Colony for Epileptics, Bridge of Weir. There are no special facilities available in this area for epileptics under the Local Health Services.

As with epilepsy, no reliable figures are available in regard to the number of adults suffering from Cerebral Palsy. There are at present 62 reported cases among children and adults. The majority of these cases have been specially "screened" at Westerlea or Rhuemore while the others are either under supervision at hospitals' paediatric departments, or in the case of the majority of the mild defects, are under the supervision of the Orthopaedic Consultant to the schools orthopaedic scheme. In the case of school children, educational provision is as follows:

						Epileptics	Spastics
Westerlea School for Spastics	....	....	....	....	....	—	6
Colthurst House, Cheshire	....	....	....	....	....	1	—
The Colony, Bridge of Weir	....	....	....	....	....	2	—
Ordinary Schools	....	....	....	....	....	46	19
Special Schools for Educationally Subnormal Pupils	....	....	....	....	....	3	3
Occupational Centres	....	....	....	....	....	—	2
Approved School	....	....	....	....	....	1	—
Broomhayes, Devon	....	....	....	....	....	—	1
						53	31

In addition the visiting Physiotherapist, the Occupational Therapist and Speech Therapist from Rhuemore visit the homes of certain of these children regularly.

Close co-operation with General Practitioners is maintained.

In previous years, the Local Authority made an annual grant to the Longstone Play Centre for transport of children. In September, 1964, the Scottish Council for the Care of Spastics in collaboration with Edinburgh and District Spastic Association started a new day-centre—Murrayfield Day Centre—at a charge of £2 2s per day per child, this to include transport costs, and the County Council continued to use this service.

At the end of the year, the numbers attending were as follows :

2 children attend 5 days per week	
4 " " 3 " " "	
1 child attends 2 " " "	
1 pre-school child is on the Waiting List.	

There is one young adult who attends for half day per week but no charge is made.

Whilst much of the work carried out by the Mental Health Officer during the year has been by way of introducing himself as a new worker to those under supervision and their parents or relatives, and in assessing their needs, a firm basis has been laid in which to build a lasting relationship which will facilitate further work with them.

In many cases the presence of the mentally handicapped person in a household presents a serious problem of adaptation and adjustment for the parents and for other children; the continued financial and emotional dependence of an adolescent on his parents likewise may and does in many cases have an adverse effect on the parents who are or may be past middle age, and the relatively poor facilities presently available do little to reassure these people that all that can be done for their children is being done. There is a great need for consistent, and when necessary, intensive support and casework with parents and children if we are to avoid unnecessary maladjustment of parent and child. This we are not yet providing.

There are 25 preschool and 18 school children presently falling within this category and it is on the parents of this group that the burden falls most heavily, although one must not regard the individual child's case as being necessarily hopeless or incapable of some improvement. All of these children present a serious and continuing problem of management—from basic nursing of the blind, incontinent, cerebral palsied, to the uncontrolled activity of the primary ament or the autistic child.

The other agencies to whom we are primarily indebted for help with these cases are the Scottish Council for the Care of Spastics who, with their facilities at the Murrayfield Day Centre, Westerlea and Rhuemore, do much to relieve the parents of children suffering from cerebral palsy and in providing training and occupation for the children themselves, and Edinburgh Corporation who make facilities available to us at their short stay residential unit for mentally handicapped children.

MENTAL DEFECTIVES

<i>Adults</i>	Male	Female
Under official Guardianship in Midlothian	17	26
(of whom 7 males and 4 females are on the waiting list for admission to Hospital)		
Under official Guardianship in other areas—		
Edinburgh	—	1
Fife	—	1
Peeblesshire	1	2
Under official Guardianship from another authority— medical supervision carried out by Medical Officers from Midlothian—		
East Lothian	—	1
Under informal supervision	67	57
(of whom 5 males and 2 females are on the waiting list for admission to Hospital)		

<i>Children</i>	Male	Female
Aged 1 to 5 years	12	13
(of whom 1 boy is on the waiting list for admission to Hospital)		
Aged 5-16 years at home—not fit for admission to special school or Education Committee Occupational Centre	9	10
(of whom 4 boys and 3 girls are on the waiting list for admission to Hospital)		
Aged 5-16 years in attendance at Education Committee Occupational Centre	20	27
(of whom 1 boy and 1 girl are on the waiting list for admission to Hospital)		
Aged 5-16 years in attendance at Special Schools or Special Classes	83	54
Aged 5-16 years in attendance at Special Schools or Special Classes outwith Midlothian—		
Galashiels Special Class	2	1
Colthurst House, Cheshire	1	—
St Nicholas Special, Edinburgh	2	—
Willowbrae House, Edinburgh	1	—
West Park School, Edinburgh	—	3
Murrayfield Day Centre, Edinburgh	—	1
Dr Guthrie's	—	1
Aged 5-16 years at ordinary schools, I.Q. 70 or under, in adjustment classes, etc., and in some cases on waiting list for transfer to Special Schools or classes	11	11

In Hospital

	1-5		5-16		Over 16		Totals	
	M	F	M	F	M	F	M	F
Blinkbonny	—	—	—	—	—	1	—	1
Bandrum	—	—	1	—	—	—	1	—
Garstairs	—	—	—	—	1	—	1	—
Glenlomond	—	—	2	—	—	1	2	1
Gogarburn (including E. Fortune)	1	—	19	4	38	23	58	27
Larbert	—	—	—	1	11	9	11	10
Lennox Castle	—	—	—	—	1	—	1	—
Rosslynlee	—	—	—	—	—	2	—	2
St Aidans	—	—	—	—	1	—	1	—
St Charles (Carstairs)	—	—	—	—	1	2	1	2
St Joseph's	2	—	2	2	4	—	8	2
St Mary's	—	—	—	—	—	2	—	2
Strathmartine	—	—	—	—	—	1	—	1
Strathore	—	—	7	1	—	—	7	1
	3	—	31	8	57	41	91	49

Waiting List for Admission to Hospital

Age		Male	Female
1-5 years	....	1	1
5-16 years	....	5	4
Over 16 years	....	11	5
		<u>16</u>	<u>10</u>

Admissions during the Year

During the year 8 cases were admitted to hospital as long-term patients. Arrangements were made for the short-stay admission of 23 patients (13 to Gogarburn, 3 to St Joseph's and 7 to Willowbrae House, Edinburgh) to allow the parents the opportunity of having a rest from the strain of daily care. This again proved of great benefit to the parents and guardians and in a number of cases the patients themselves gained considerable benefit judging by their improved behaviour and habits on returning home. Our thanks are due to Dr Bailey, Dr Short and their staffs for all their help in these cases.

Home Visits

	No. of cases	Medical Officers	Health Visitors	P.S.W.	Mental Health Officers	*Others	Voluntary Organisations
Under guardianship	43	96	12	—	22	96	—
Under informal supervision	124	240	65	—	286	—	—

* Local Government Officers who are part-time mental health officers

MENTALLY ILL

Psychiatric Clinics

By the holding of weekly psychiatric clinics in our premises at Dalkeith and at Pinkie by the Consultants from Rosslynlee Hospital co-operation was continued with the Hospital Service. It is hoped that at a reasonably early date facilities will be available for psychiatric examination of both adults and children in still more parts of the County.

No reliable figures are available for mental health cases outwith hospital.

Attendances at Dalkeith and Pinkie were as follows:

	No. of premises	No. of Sessions	Total No. of persons attending		Total attendances		First attendances	
			M.	F.	M.	F.	M.	F.
Clinics staffed by hospital staff in Local Authority premises	2	92	54	106	280	674	25	54

Rosslynlee Hospital

	Males	Females
No. in Hospital at 31/12/64	103	138
Admitted during 1965	94	122
Discharged	81	114
Died	21	25
Remaining at 31/12/65	95	121

66 cases were given care and aftercare service

No information is obtainable from Bangour Hospital.

The response by the mental hospitals as regards referral of cases has been very disappointing.

Total cases—mentally handicapped and mentally ill—referred to the mental health officer from all sources during the year were as follows:

Carried forward	....	....	8	National Assistance Board	....	1
Rosslynlee	....	....	7	Schools	....	1
Bangour Village Hospital	....	....	3	Youth Employment Officer	....	1
Other Hospitals	....	....	3	Self referred	....	2
Health Visitors	....	....	5			

Home Visits

	No. of Cases	Medical Officers	Health Visitors	P.S.W.	Mental Health Officers	Others	Voluntary Organisations
Under guardianship	—	—	—	—	—	—	—
Under informal supervision	7	12	109	—	12	—	—

During the year the social worker dealt with 114 cases, 15 of which were continued from 1964. 286 home visits were made, by far the largest proportion (164) being in the category of family casework. Recorded activity apart from home visits included office interviews (31), case conferences (14), visits to hospitals and clinics (25) and a number of visits to homes, outside agencies, meetings with general practitioners, other social workers, etc., the total of these being 53.

Cases dealt with on a consultation basis, where the social worker advised or took some appropriate action on behalf of another worker without becoming directly concerned with the client, numbered 24.

Sources of referral were as follows:

Medical Social Workers	....	....	....	....	25
General Practitioners	....	....	....	....	19
County Nursing Staff	....	....	....	....	20
County Medical Staff	....	....	....	....	13
County Treasurer (rent cases)	....	....	....	....	5
Social Workers	....	....	....	....	5
All others	....	....	....	....	14
Direct approach	....	....	....	....	1

The accommodation for a social worker in the new Dalkeith Health Centre is welcomed as a means of providing interviewing facilities for clients in the surrounding area. This will save time spent on home visiting and meet the needs of clients who prefer to come for a private talk away from a tense and difficult home situation. In the meantime local clinics are occasionally being used for such interviews.

The social worker took part in the lectures given by the staff of the department to the pupil midwives at the Eastern General Hospital. She also gave one of a series of lectures to youth leaders under the auspices of the Edinburgh and Lothians Youth Leadership Training Committee and Moray House College of Education.

In November she attended a weekend conference in Stirling on "Integration within the Social Services" arranged by the Scottish

Group of the Association of Social Workers. This conference brought together a wide representation of all branches of social work together with councillors, county clerks and a number of medical officers. It was generally agreed to be one of the most important and interesting conferences on a social work theme which has ever been held in Scotland; it was of particular value at a time when much drastic re-thinking requires to be done in relation to plans for new legislation about the social services—plans which, through the Kilbrandon report in particular, will affect local authorities in Scotland.

As a new member of the team, the social worker has been particularly grateful for the advice and help of so many of the department's staff; she has also appreciated the ready co-operation extended to her by the staff of the Children's Department.

WELFARE OF THE ELDERLY

Old People's Clubs

During the year a brief but interesting survey was carried out by the social work staff to ascertain what clubs or groups existed within the County for the welfare of the elderly, their function and organisation, and of course to introduce our services to them, inviting co-operation in the field. It was felt that numerous old people's clubs and old people's organisations continued to work in complete isolation from one another, with the obvious lack of co-ordinated well-being.

A total of 31 clubs and groups was discovered in the County area showing a combined membership of approximately 4,000 people, a figure representing 40% of the aged population. No details were obtained, or indeed sought, of those members who belonged to more than one club organisation, although it is realised that a fair proportion might be attending two clubs at least, in order to gain the various facilities offered and different companionship.

The complexity of club organisation and structure was studied when it was found that of the 31 groups seen, 8 were Old Age Pensioner's Associations, combining the activity of a power group promoting the policy of increased old age pensions, with social amenities; two were Darby and Joan Clubs run exclusively by the Women's Voluntary Service; one club operated by a local Council of Social Service; another club run by a local church organisation, and the remaining nineteen old people's clubs were controlled by Old People's Welfare Committees. All groups, other than four Old Age Pensioner's Associations, catered for the normal club requirements. The other four Associations mentioned conducted a home and hospital visiting service only, although sometimes in conjunction with a local club where one existed in the larger towns.

All the clubs and groups appeared to be financially sound, the majority being grant aided by the local burgh or district councils, or/and their own efforts via membership fees, raffles, sales of work, coffee mornings, street collections, etc. The only real problems

found consisted of high rent and heating costs, the former when hired rooms were necessary for club activities, and the latter in connection with running one's own club house as a day club.

Of all the clubs visited only three were open all day and every day, the other clubs met weekly, twice weekly or once a month, sometimes these meetings varied as needs became known—distance was sometimes an important factor, or the weather obviously interfered at certain times of the year.

On the whole, the clubs provided the activities most sought after by the elderly, in the form of concerts, games, singing, dancing, talks, films, outings, parties, etc. Only two of the day clubs mentioned were able to offer members craft work tuition in the club house. None of the clubs served mid-day meals, although all of them provided light refreshments. Nearly every group has a small home visitation service operating to their own club members. Four clubs had a visiting service to local homes for the elderly, and two clubs arranged for hospital patients to join certain social functions within the confines of the club.

There seems little doubt that club leaders appreciated the Council's interest in them and gave every indication that they desired this friendship to continue. So much so, that we now naturally turn to the question of a strengthened partnership in the form of a co-ordinating council. We envisage the formation of a Midlothian Old People's Welfare Council whose membership would consist of club chairman and secretaries, who would meet three or four times each year to exchange ideas and pursue projects of mutual interest, such as training, organised holidays, etc. In reality, this scheme would assist in an inter-change of information, and benefit all concerned with the well being of our elderly population.

Register of the Elderly

As the Authority's social services expand it is realised more fully that a lack of knowledge will hamper progress, and we turn to methods which will remedy this problem. How can Local Authorities plan for the needs of society unless they know what the group requires. Midlothian has 10,000 elderly people residing within its borders, some in receipt of our services, others obviously not. Numerous people receive aid from various other organisations, and if information was readily available of all those being helped, we would surely be in a better position to solve our dilemma.

It would therefore appear desirable to complete a register by a three phase approach, i.e. to catalogue information of those elderly receiving our services, of those gaining advice and aid via the voluntary organisations and finally to have knowledge of the aged who are unknown to either section. But it would not be enough simply to gain information and stand still, live facts are of the utmost importance. Therefore the picture would not be complete without a well defined follow-up visiting service to all who became known to us via the register.

Chiropody Service

This is carried on by the Midlothian Branch of the British Red Cross Society for the benefit of old age pensioners. A charge of 2s. per clinic visit and 4s. per domiciliary visit is made, the deficit being met by the Society, assisted by a grant from the County Council.

The following clinics are held:

1. Addiewell—Health Services Clinic. Tuesday (fortnightly), 10 a.m. to 12 noon. (Closed April, 1965).
2. Bonnyrigg—Health Services Clinic, Main Street. Thursday, 2 p.m. to 5 p.m.
3. Carrington/Temple—Mobile from Gorebridge.
4. Currie/Balerno—Memorial Hall. Tuesday, 2 p.m. to 5 p.m.
5. Dalkeith—Combined Purposes Clinic, Croft Street. Tuesday, 10 a.m. to 12 noon; 2 p.m. to 5 p.m.
6. Danderhall—Clinic, Danderhall School, Monday, 2 p.m. to 5 p.m.
7. East Calder and Mid Calder—Combined Purposes Clinic, East Calder, Monday, 2 p.m. to 5 p.m.
8. Easthouses—Clinic, Mayfield/St Luke's Primary School, Monday, 2 p.m. to 5 p.m.
9. Gorebridge—Clinic, Gorebridge School, Monday, 2 p.m. to 5 p.m.
10. Loanhead—Health Services Clinic, George Terrace. Thursday, 2 p.m. to 5 p.m.
11. Musselburgh—Clinic, Fisherrow School, Wednesday, 2 p.m. to 5 p.m., and Friday, 2 p.m. to 5 p.m.
12. Newbridge—Village Hall. Wednesday, 2 p.m. to 5 p.m.
13. Newtongrange—Clinic, Newtongrange School, Friday, 2 p.m. to 5 p.m.
14. Penicuik—Clinic, S.S. School. Tuesday, 1 p.m. to 4 p.m.
15. Polbeth—Combined Purposes Clinic, Tuesday, 1 p.m. to 4 p.m.
16. West Calder—Combined Purposes Clinic, Stewart Street. Tuesday, 10 a.m. to 12 noon and 2 p.m. to 5 p.m.

The following statement has been submitted for the year to 31st December, 1965:

Centres	Treatments	
	Clinic	Domiciliary
Addiewell	43	—
Bonnyrigg	437	128
Currie/Balerno	291	46
Dalkeith	741	—
Danderhall	197	9
East Calder and Mid Calder	464	—
Easthouses	355	19
Loanhead	402	30
Musselburgh	909	284
Newbridge	360	—
Penicuik	424	8
West Calder	426	171
Newtongrange	389	—
Gorebridge	359	92
Gala Water	176	26
Polbeth	402	—
Limefield House	88	—
Newtonloan Lodge	45	—
Westfield Park	151	—
	<hr/> 284	
	<hr/> 6,659	<hr/> 813

Meals on Wheels

Unfortunately, for various reasons, our scheme for a meals service in association with the Women's Voluntary Service, did not begin until October, 1965 in the East, and November, 1965 in the Western parts of the County. Even so, we are still not operating at full capacity in the West because of staffing difficulty and hope to resolve these problems as we gain experience. Nevertheless, 3,131 meals were in fact issued to the elderly in the East during 1st November to 31st December, 1965, and 1,110 to people in the Western area during the same period.

Domestic Help Scheme

A survey of the domestic help scheme was conducted by the welfare staff to ascertain the needs, examine the financial aspects and consider the administrative structure. Information shows that a general rise in costs each year that the service continues, is bound to occur. Obviously the greatest factor in such rising costs will be seen in the increased wages of domestic helps, and the higher administrative expenses of the District Officers and the Health and Welfare Officers who participate in the administration of the service. The fact that the service sets out to assist as many people as possible gives rise to an increased number of domestic helps employed and likewise increased number of help hours supplied to patients. The only comparative information available with the Midlothian Domestic Help Scheme was the figures obtainable of the English and Welsh Domestic Help Schemes, from which we learned that the national average is 0.55 per 1,000 of the population as against this Authority's present day figure of 0.83 home helps per 1,000 of the population. The English Borough of Rotherham has the highest total of domestic helps at 1.18 per 1,000 of the population as against the Borough of Plymouth whose figures were the lowest at 0.08 per 1,000 of the population. It is interesting to note that a report for Scottish Domestic Help Services shows an annual expansion of all schemes.

The conclusion reached by the survey was that, considering the size of the County and the administrative structure which caters for the scheme through its four main district offices, the service was meeting the needs of those three groups, namely the elderly, the chronic sick, and maternity cases, but that due to the somewhat fragmented service operated by the four district offices, the possibility of gaining more equal distribution of the service by the advantage of employing a home help organiser might be well worth while. The present scheme maintained by four controllers naturally encourages four different points of view with relation to staff needs, patient requirements, and degree of supervision.

					Whole-time	Part-time	Whole-time Equivalent
Organisers	....	....	....	....	—	9	2½
Home Helps	....	....	....	....	—	369	112
Night Attendants	....	....	....	....	2	3	2½

<i>Help given to persons—</i>						No. of cases
Aged 65 or over	....	....	....	....		467
Under 65 years Chronic Sick	....	....	....	....		55
Mentally disordered	....	....	....	....		5
Maternity	....	....	....	....		49
Others	....	....	....	....		13
Total						<hr/> 589 <hr/>

All Domestic Helps are X-rayed before appointment.

Emergency Assistance Alarms

As part of their services to old people the Local Authority provides special electric alarms, which can be operated either from mains supply or battery. The alarm used consists of three press switches, which are placed in the most suitable locations in the house. These switches are connected to a bell which is placed outside the house and are also connected to a "HELP" sign which, placed inside a prominent window, becomes illuminated. During the year 6 alarms were supplied and fitted, free of charge, in homes of old people living alone making a total of 26 on issue.

RESIDENTIAL ACCOMMODATION

Homes for the Elderly

It is pleasing to report that we have had no change among the Wardens and Matrons during the year, thus giving vital stability and contentment to those people residing within our Homes. We are constantly examining the needs of both staff and residents, and each year that passes brings additional comfort in Home amenities.

During the year because there was no "staff establishment" for attendant staff other than night attendants, it was proposed and accepted by the Committee, that a full examination of staff requirements in the Homes be carried out. Following our study of the problem, and realising that no ratio standard of numbers of attendants to residents existed or could readily be defined, it was agreed that attendant staff who would be "inservice trained" be obtained and the general problem of staffing reviewed from time to time in the light of experience.

Welcome additional accommodation was made available during the year when the new two storey wing of seven beds and ancillary service rooms was handed over, thus producing an additional 2,120 sq. ft. to Limefield House.

Wedderburn House, Musselburgh (jointly with East Lothian)

					Men		Women		Total	
Accommodation	....	....	....	....	17		31		48	
					Mid	East	Mid	East	Mid	East
In residence at 31/12/64	....	....	....	....	10	6	27	3	37	9
Admitted during 1965	....	....	....	....	3	1	8	1	11	2
Died during 1965	....	....	....	....	—	—	3	—	3	—
Discharged during 1965	....	....	....	....	—	3	6	—	6	3
Remaining at 31/12/65	....	....	....	....	13	4	26	4	39	8
Average number during year					....	....			48	
Highest number during year					....	....			48	
Lowest number during year					....	....			46	

Westfield Park, Dalkeith

	Men	Women	Total
Accommodation	25	26	51
In residence at 31/12/64	25	26	51
Admitted during 1965	10	6	16
Died during 1965	7	6	13
Discharged during 1965	2	1	3
Remaining at 31/12/65	26	25	51
Average number during year			51
Highest number during year			51
Lowest number during year			49

Newtonloan Lodge, Gorebridge

				Men	Women	Total
Accommodation	....	....	....	10	14	24
In residence at 31/12/64	....	....	....	10	14	24
Admitted during 1965	....	....	....	3	4	7
Died during 1965	....	....	....	—	2	2
Discharged during 1965	....	....	....	3	2	5
Remaining at 31/12/65	....	....	....	10	14	24
Average number during year	....	....	....			24
Highest number during year	....	....	....			24
Lowest number during year	....	....	....			22

Limefield House, West Calder

	Men	Women	Total
Accommodation	15	13	28
In residence at 31/12/64	14	9	23
Admitted during 1965	7	8	15
Died during 1965	1	1	2
Discharged during 1965	5	4	9
Remaining at 31/12/65	15	12	27
Average number during year			25
Highest number during year			28
Lowest number during year			23

The Age Distribution of Residents as at 31/12/65 was as follows:

Home	Under 60 yrs.	61/65	66/70	71/75	76/80	81/85	86/90	90 -
Male—								
Wedderburn	1	1	4	2	3	4	2	—
Westfield	1	3	4	2	10	3	3	—
Newtonloan	1	—	3	2	2	—	2	—
Limefield	—	1	1	1	5	4	2	1
Female—								
Wedderburn	8	2	1	—	3	7	6	3
Westfield	5	1	—	4	9	1	5	—
Newtonloan	1	1	1	2	5	1	2	1
Limefield	—	—	—	3	4	3	2	—

The County Council were responsible at the end of the year for the payment of supplementation in the case of 11 old people resident in “voluntary” Homes as follows:

Church of Scotland Homes	....	....	....	9
Salvation Army Home	....	....	....	1
Machermore Castle Home	....	....	....	1

In addition to the above there are three old people resident in Homes run by other Authorities, i.e.

Windsor Home, Falkirk	....	....	....	....	1
Glenlea, Edinburgh	....	....	....	....	1
Weems House, Roxburgh	....	....	....	....	1

Registration and Inspection of Private Residential Homes

The Homes currently registered and subject to inspection are as shown hereunder:

Name and Address	No. of Beds
Roydene, 14 Hope Place, Levenhall, Musselburgh	7
St John Hospice, Carberry Towers, Musselburgh	12
Mayburn House Eventide Home, Loanhead	38
Braeburn Eventide Home, Currie	15
Firthside, 10A Hope Place, Musselburgh	5

Regular inspections are carried out by our Senior Assistant Medical Officer who advises as necessary.

Temporary Protection of Property

The Health and Welfare Committee is responsible under Section 48 of the National Assistance Act, 1948, for the protection of removeable property belonging to persons admitted to hospital or

residential accommodation, where it appears that there is a danger of loss or damage and no other suitable arrangements have been made. During the year under review no action was necessary under this heading, although numerous enquiries were dealt with.

Compulsory Removal

The Committee is responsible under Section 47 of the National Assistance Act, 1948, to secure the compulsory removal to hospital or other accommodation of persons suffering from grave chronic disease, infirmity or physical incapacity, and who are living in insanitary conditions and not receiving proper medical care and attention. Following a full investigation, one person had to be removed during the year in the interests of Public Health and the persons themselves.

Burial and Cremation of the Dead

The Department made arrangements with local funeral directors for the burial or cremation of eleven persons who died during the year in the administrative area of the County, where no suitable arrangements had been made or were being made.

REGISTRATION OF NURSING HOMES

There are two registered Nursing Homes in the County.

			Beds	Type of Case
Parsonage Nursing Home, Musselburgh	....	....	3	Dental Treatment
Health Hydros Ltd., Inveresk House, Musselburgh	....	....	8	Hydro Treatment

SCHOOL HEALTH SERVICE

The Report on the School Health Service is issued separately.

PORT HEALTH ADMINISTRATION

No work was necessary during the year under this Section.

FOOD SUPPLY

This is dealt with fully in the Annual Report by the County Sanitary Inspector.

GENERAL SANITATION

This is dealt with fully in the Annual Report by the County Sanitary Inspector.

FACTORIES ACT, 1961

	No. on Register	Inspec- tions	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authority—				
Bonnyrigg and Lasswade	1	—	—	—
Dalkeith	—	—	—	—
Loanhead	1	1	1	—
Musselburgh	1	2	—	—
Penicuik	—	—	—	—
Landward	13	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority—				
Bonnyrigg and Lasswade	16	22	—	—
Dalkeith	45	45	—	—
Loanhead	17	16	2	—
Musselburgh	72	61	7	—
Penicuik	23	20	—	—
Landward	179	61	5	—
(iii) Other Premises in which Section 7 is enforced by Local Authority (excluding outworkers)—				
Bonnyrigg and Lasswade	4	6	—	—
Dalkeith	11	11	—	—
Loanhead	—	—	—	—
Musselburgh	3	3	—	—
Penicuik	3	3	—	—
Landward	31	25	—	—

Area	Particulars	Found	Remedied	No. of cases where defects found Referred			Prosecu- tions
				To H.M. Inspector	By H.M. Inspector		
Bonnyrigg and Lasswade ...	Sanitary Conveniences— Unsuitable or defective ...	2	2	—	—	—	—
Loanhead ...	Sanitary Conveniences— Want of cleanliness ...	1	1	—	—	—	—
	Insufficient ...	2	—	—	—	—	—
Musselburgh ...	Sanitary Conveniences— Unsuitable or defective ...	7	3	—	—	—	—
Penicuik ...	Sanitary Conveniences— Insufficient ...	1	1	—	—	—	—
	Sanitary Conveniences— Insufficient ...	2	—	—	—	—	—
Landward ...	Sanitary Conveniences— Unsuitable or defective ...	6	3	—	1	—	—

OUTWORK

Area	Nature of Work	Section 133			Section 134		
		No. of out-workers in August List required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prosecu- tions
Penicuik	Curtains and furniture hangings ...	2	—	—	—	—	—
M'burgh	Textile Weaving ...	12	—	—	—	—	—

HOUSING

376 medical certificates were “pointed” during the year.

Area	Uninhabitable houses closed during year	Local Authority	Houses built and occupied during year		Additional houses following Conversion
			Private	Scottish Special Housing Assoc.	
Dalkeith	1	49	29	—	1
Loanhead	—	45	49	—	—
Musselburgh	14	24	7	—	1
Penicuik	17	70	258	—	—
Landward	56	273	101	—	—
Total	88	461	444	—	2

